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Status Report on Michigan's Long Term Care Connections (Formerly named Single Point of Entry (SPE) Demonstration Projects)

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	vi
BACKGROUND.....	1
ORGANIZATIONAL FRAMEWORK.....	2
CORE SERVICES.....	4
EVALUATION DEVELOPMENT.....	7
PA 634 REPORTING REQUIREMENTS-CONTACT AND CONSUMER INFORMATION.....	9
IDENTIFIED NEEDS AND REFERRALS.....	15
CONSUMER SATISFACTION INTERVIEWS FOR CONSUMERS WHO RECEIVED INFORMATION AND ASSISTANCE	18
OPTIONS COUNSELING, REQUIRED DATES AND SUPPORT PLANS.....	20
LEVEL OF CARE DETERMINATION.....	24
EMERGENT AND HOSPITAL CASES	27
LONG TERM CARE PROGRAM REFERRALS	33
CONSUMER SATISFACTION INTERVIEWS FOR CONSUMERS ASSISTED WITH OPTIONS COUNSELING	34
CASE REVIEWS	36
SUMMARY AND RECOMMENDATIONS.....	39

LIST OF TABLES

Table 1.	MILTCC site governing board composition	3
Table 2.	MILTCC consumer advisory board composition and activities.....	3
Table 3.	I&A call centers and technology used by LTCC sites	6
Table 4.	Total number of contacts and consumers, FY 2008	9
Table 5.	Contacts by LTCC site, FY 2008	10
Table 6.	Type of individual making the contact, FY 2008	10

Table 7.	Source of referral to LTCC, FY 2008.	11
Table 8.	Contacts by consumer's age, FY 2008.	11
Table 9.	Contacts by consumer's disability status, FY 2008	12
Table 10.	New versus repeat contacts to LTCC, FY 2008.	12
Table 11.	Method of contact to LTCC, FY 2008	12
Table 12.	Type of contact, FY 2008.	13
Table 13.	Living arrangement at time of contact to LTCC, FY 2008.	13
Table 14.	Consumer's gender, age and race information, FY 2008	14
Table 15.	Consumer's income level and insurance, FY 2008.	14
Table 16.	Disability type for consumers served by the LTCC, FY 2008	15
Table 17.	Reported needs, FY 2008	16
Table 18.	Referrals provided to consumers, FY 2008	17
Table 19.	Written information provided to consumers since January 2007	18
Table 20.	I&A interview results - Information characteristics	19
Table 21.	I&A interview results - I&A specialist characteristics	19
Table 22.	I&A interview results - Satisfaction with service	19
Table 23.	Consumers with preliminary or signed support plans as a percentage of LTCC consumers, FY 2008.	20
Table 24.	Gender, age and race information for consumers in options counseling, FY 2008	21
Table 25.	Poverty level and medical insurance of consumers in options counseling, FY 2008	22
Table 26.	Disability types for consumers in options counseling, FY 2008.	22
Table 27.	Option counseling cases with initial evaluation for PA 634 services, FY 2008	23
Table 28.	Option counseling cases with preliminary and signed support plan by quarter, FY 2008	24
Table 29.	LOCDS conducted in FY 2008	25
Table 30.	Number of consumers with LOCDS and options counseling, FY 2008	26
Table 31.	LOCDS timelines between request and completion, FY 2008	26
Table 32.	Provision of services within prescribed time frames for emergent cases, FY 2008	28
Table 33.	Emergent cases – long term care services, FY 2008	28
Table 34.	Provision of services within prescribed time frames for hospital cases, FY 2008	29
Table 35.	Hospital cases – long term care services, FY 2008.	30

Table 36. PA634 services information, FY 2008	32
Table 37. LTC program preference, FY 2008.	33
Table 38. Reason LTC program preference was not met, FY 2008.	34
Table 39. OC interview results - Information characteristics.	35
Table 40. OC interview results - Support plan	35
Table 41. OC interview results - LTC costs	35
Table 42. OC interview results - OC characteristics.	36
Table 43. OC interview results - Preferences	36
Table 44. Demographic characteristics and social support of case review sample (OC interview respondents).	37
Table 45. Calls to LTCC for consumers included in case review.	38
Table 46. Impact of options counseling on decisions related to nursing facility residence of case review sample	39

APPENDICES

A. Number of Contacts and Consumers by Site	43
B. Contact-Related Information by Site	44
C. Unique Consumer Demographic Information by Site	46
D. Reported Needs by Site	48
E. Referrals Provided to Consumers by Site.	49
F. Option Counseling Cases by Site.	50
G. Level of Care Determination (LOCs) by Site.	55
H. Emergent Cases by Site.	59
I. Hospital Cases by Site.	61
J. PA 634 Other Cases by Site.	63
K. LTC Program Preferences by Site.	68
L. Information and Assistance Interview Results by Site	69
M. Options Counseling Interview Results by Site	70
N. Information and Assistance Caller Interview	72
O. Information and Assistance Caller Interview Protocols	78
P. Options Counseling Interview.	82
Q. Options Counseling Interview Protocols.	91

List of PA 634 Data Elements

PA634 Section	Data Element	Page
(4)(c)	Assess consumers' eligibility for all Medicaid long term care programs utilizing a comprehensive level of care assessment approved by the Department of Community Health.	24-26
(4)(j)(i)	Perform an initial evaluation for long term care within 2 business days after contact by the consumer, his or her guardian, or his or her authorized representative.	30-32
(4)(j)(ii)	Develop a preliminary long term care support plan in partnership with the consumer and, if applicable, his or her guardian or authorized representative within 2 business days after the consumer is found to be eligible for services.	30-32
(4)(j)(iii)	Complete a final evaluation and assessment within 10 business days from initial contact with the consumer, his or her guardian, or his or her authorized representative.	30-32
(4)(k)	For a consumer who is in an urgent or emergent situation, within 24 hours after contact is made by the consumer, his or her guardian, or his or her authorized representative, perform an initial evaluation and develop a preliminary long term care support plan. The preliminary long term care support plan shall be developed in partnership with the consumer and, if applicable, his or her guardian or authorized representative.	27-29
(4)(l)	For a consumer who receives notice that within 72 hours he or she will be discharged from a hospital, within 24 hours after contact is made by the consumer, his or her guardian, his or her authorized representative, or the hospital discharge planner, perform an initial evaluation and develop a preliminary long term care support plan. The preliminary long term care support plan shall be developed in partnership with the consumer and, if applicable, his or her guardian, his or her authorized representative, or the hospital discharge planner.	29-30
(4)(o)(i)	The number of referrals by level of care setting.	33
(4)(o)(ii)	The number of cases in which the care setting chosen by the consumer resulted in costs exceeding the costs that would have been incurred had the consumer chosen to receive care in a nursing home.	--

PA 634 Section	Data Element	Page
(4)(o)(iv)	The number of cases in which a memorandum of understanding was required.	--
(4)(o)(v)	The rates and causes of hospitalization.	--
(4)(o)(vi)	The rates of nursing home admissions.	--
(4)(o)(vii)	The number of consumers transitioned out of nursing homes.	--
(4)(o)(viii)	The average time frame for case management review.	24
(4)(o)(ix)	The total number of contacts and consumers served.	9
(4)(o)(x)	The data necessary for the completion of the cost-benefit analysis required under subsection (11).	--
(4)(o)(xi)	The number and types of referrals made.	17, 33
(4)(o)(xii)	The number and types of referrals that were not able to be made and the reasons why the referrals were not completed, including, but not limited to, consumer choice, services not available, consumer functional or financial ineligibility, and financial prohibitions.	33-34
(7)(c)	Consumer satisfaction with services provided under subsection (4).	18-20; 34-36
(7)(d)	Timeliness of delivery of services provided under subsection (4).	26-32
(7)(e)	Quality, accessibility, and availability of services provided under subsection (4).	34-36
(7)(g)	Number of consumers served.	9
17	A single point of entry agency for long term care shall serve as the sole agency within the designated single point of entry area to assess a consumer's eligibility for Medicaid long term care programs utilizing a comprehensive level of care assessment approved by the Department of Community Health.	24-26

Executive Summary

The Michigan Long Term Care Connections (LTCC), formerly known as the Single Points of Entry (SPE), aims to improve access and enhance consumer control by providing information and assistance to individuals needing either public or privately-funded services, professionals seeking assistance on behalf of their clients, and individuals planning for their own future long term care (LTC) needs.

In July 2006, four regional sites were selected as the pilot LTCC sites: Detroit/Wayne, Southwest Michigan, Upper Peninsula and Western Michigan. Collectively, the demonstration areas include 53% of the states elderly and disabled population. The anticipated annual cost at the current operational level is \$12.7 million per year.

The Michigan Public Health Institute (MPHI), with assistance from Carol Barrett, Ph.D., was contracted by the State to develop an evaluation plan and methodologies to meet the data requirements specified in Public Act (PA) 634 for the LTCCs. This report is a snapshot of data collected through various methodologies and mainly covers the period from October 1, 2007 to September 30, 2008 (FY 2008). The report is limited to this time period for several reasons. ServicePoint, the database that contains information related to all consumers who access the LTCCs, was in development throughout fiscal year two of the project and data collected in new assessments and sub-assessments is incomplete for the first year of software implementation. New LTCC functions related to Level of Care Determinations (LOCD) were implemented in November 2007, which involved a reorganization of staff and activity to meet the LOCD timelines.

Data produced for this report came from various sources. Consumer information related to demographics and their contacts with the LTCC were extracted from ServicePoint. Data related to consumer satisfaction with information and assistance (I & A) and options counseling (OC) were derived from data collected in phone interviews with consumers.

Functions of the LTCC/Aging and Disability Resource Center (ADRC)

The primary services provided by the LTCC sites include: I&A, OC, and Mandatory Level of Care Determination (LOCD).

Consumer Profile (Based on consumers receiving OC)

Financially, consumers accessing assistance through the LTCCs are poor to very poor; 42.8% are below the poverty line and an additional 32.6% are eligible for Medicaid-funded services. About 4% of consumers report having income over 300% of Supplemental Security Income (SSI). Men and women under the age of 60 are accessing the LTCC in nearly equal numbers. 80.8% of consumers represented in this report are over the age of 60, with women outnumbering men two to one.

Information and Assistance (I&A)

The goal of the LTCC sites is to build an integrated ADRC that provides accurate, useable information for all adults across the age spectrum. All LTCC sites have a shared I&A system with another entity, either an area agency on aging (AAA) or 211 system. The I&A service provides information and referrals in response to direct requests from consumers, family and

friends of consumers, and professionals calling on behalf of consumers. Calls are received on a single statewide, toll-free telephone number (866-642-4582), geo-routed to the appropriate local site. Information provided is tailored to the specific needs of the caller. In FY 2008, the LTCCs served 23,680 consumers who made 31,712 contacts.

Table 1. PA 634 (4)(o)(ix). Number of calls/contacts to LTCC sites, FY 2008.

LTCC Sites	Calls/Contacts		Unique Consumers	
	Number	Percent	Number	Percent
Detroit/Wayne	12,290	38.8%	9,727	41.1%
Southwest Michigan	9,484	29.9%	7,147	30.2%
Upper Peninsula	3,534	11.1%	2,225	9.4%
West Michigan	6,404	20.2%	4,581	19.3%
Total	31,712	100.0%	23,680	100.0%

Options Counseling (OC)

Options counseling is an interactive decision-support process where consumers, family members, and others are assisted in planning, evaluating, and accessing their desired long term care choices in the context of the consumer's needs, preferences, values, and individual circumstances. While planning and consumer education are core OC functions, there is flexibility built into the process to meet individual needs. OCs may fulfill more of a face-to-face I&A function for consumers who have difficulty understanding or utilizing information provided by phone. In rare instances, OCs may also be required to move into a short-term care management function for consumers who are in crisis or need more intensive help in accessing needed services. 3,245 support plans were developed in collaboration with consumers and their designated proxies in FY 2008.

Urgent, Emergent Needs

Urgent and emergent situations put consumers at high risk for nursing facility admission and can be triggered by events related to loss of caregiver, sudden change in condition, or unanticipated events that results in loss of long term care services. PA 634 mandates the LTCCs to contact a consumer with urgent/emergent needs within 24 hours. There were 196 consumers served by the LTCC sites in FY 2008.

Table 2. PA 634 (4)(k). Consumers with urgent/emergent needs assisted by the LTCCs, FY 2008

LTCC Sites	Number of consumers with emergent needs	Number of emergent cases with support plan	% of emergent cases with OC preliminary support plan by 24 hours after LTCC contact
Detroit/Wayne	84	74	50.0%
Southwest Michigan	56	49	85.7%
Upper Peninsula	22	22	77.3%
West Michigan	34	32	62.5%
Total	196	177	65.5%

Hospital Discharge

PA 634 mandates the LTCCs to contact a consumer notified of hospital discharge within 24 hours. Hospital referrals occur very infrequently. There were 109 referrals in FY 2008. The involvement of the LTCC in hospital discharge could not be properly assessed due to a lack of referrals to the LTCC sites.

Level of Care Determination (LOCD)

PA 634 (4)(c) mandates the LTCC sites to assess consumers' eligibility for all Medicaid long term care programs using the LOCD tool. Medicaid policy determines the timeframes in which LOCDs must be completed. In FY 2008, the LTCCs completed 11,292 LOCDs.

Table 3. PA 634 (4)(c). Number of LOCDs completed by LTCC site, FY 2008

LTCC Sites	Number of LOCDs completed
Detroit/Wayne	3,575
Southwest Michigan	2,591
Upper Peninsula	1,528
West Michigan	3,598
Total	11,292

Consumer Satisfaction

Consumer surveys show a high rate of satisfaction for I&A and OC services provided through the LTCC. Over 90% of consumers indicated that information provided by the LTCC through either I&A or options counseling is helpful, accurate, timely and is used to make long term care decisions. Over 90% of consumers also indicated that staffs were knowledgeable, respectful, friendly and trustworthy. Options counselors have also supported and assisted consumers in the development of care plans and taking actions to access services. About 90% were satisfied with the assistance they received and over 90% would recommend the LTCC services to others.

Case Studies

Case reviews were conducted on those individuals who were randomly selected for options counseling interviews. The case reviews are necessary to pull information used in the interview and provides further insight into the options counseling activity. Two trends are documented from the case reviews. First, consumers develop an ongoing relationship with the LTCC; 45.2% make repeat contacts into I&A when new needs emerge. Second, it was discovered that I&A and OC are not necessarily discreet events; some needs are met by an I&A specialist while others by the OC assigned to the case. This flexibility results in using information and resources in a timely and efficient manner.

Summary and Recommendations

The LTCC sites have each been successful in their mission to be the SPE and Aging and ADRC within each of their regions, even though they have used diverse implementation models. Consumers are learning about the LTCC mainly through sources linked to word-of-mouth,

personal contact with health and human service professionals or family and friends. Less than 10% of callers have learned about the LTCC through the media. This indicates a need to review marketing strategies in order to reach people who may not be connected to social networks or the health community. They have built integrated systems which provide information, education, counseling, eligibility screening and assistance in accessing services for long term care consumers in their regions. Options counseling provides a unique service to support consumers and families in the decision-making process, without bias or promoting specific services or providers.

Integrated Information System. An integrated information system was implemented across the LTCC sites allowing all data related to the consumer being collected in one place, and shared among various specialists working with the consumer and family. For the first time, information about what consumers perceived as their needs and preferences and how they accessed services as a result of their interaction with the LTCC could be linked. It is recommended that data tracking across I&A and OC systems continue in order to comprehensively track consumer needs and demonstrate service utilization from initial call to service implementation. It is further recommended that Management Information System (MIS) infrastructure be continually reviewed and refined to allow for a more integrated and efficient system that enhances streamlined access to information and programs.

Information and Assistance. I&A is the front door to the LTCC. The I&A specialists are instrumental in providing information, guidance, or referrals to the appropriate area for additional help. The usefulness of the I&A system is demonstrated by a 31.3% incidence of repeat contacts to the LTCC. People built relationships with I&A specialists and OCs over time. The carry-over of information created a more seamless system for the consumer. Consumers indicate a high level of satisfaction with the assistance they receive through I&A specialists. It is recommended the I&A specialist be supported by the development of standards, ongoing training, and quality monitoring to meet current and emerging roles in helping consumers access needed services.

Options Counseling. Options counseling is a dynamic process that adapts to the needs of each individual consumer. Several activities are exclusively associated with OC such as the development of a support plan or the completion of LOCDs. In the current demonstration, OC has evolved to meet mandated deadlines for LOCD completion and support plan development. This functionality is unique to the LTCC, especially in serving Medicaid eligible populations in Michigan. Consumer surveys indicate a high level of satisfaction with OC. The LTCCs have the unique opportunity and capacity to facilitate linkages at various access points along the long term care continuum. It is recommended that options counseling be available for consumers who need assistance in planning and determining eligibility to access the long term care system.

Unmet Needs. In the LTCC regions, the vast majority of individuals who prefer to live in nursing facilities can access their preference with little difficulty. For those who reported a desire for the Mi Choice Waiver program, only 20% had their preference met. For those who preferred Home Help, only 13% were reported to have received their preference.¹ Of those unable to meet their preference for the Mi Choice Waiver or Home Help, waiting list is the reason listed 77% of the time. In order to meet consumer preferences, more resources must be devoted to Mi Choice Waiver, Home Help, and other community based services.

¹In 39% of cases, there is missing data related to whether services were eventually accessed.

Level of Care Determinations. The use of OCs in LTCC regions to conduct LOCDs has brought about improvements in determining functional eligibility in two ways. First, there is a sole, unbiased program performing all LOCDs, regardless of whether the consumer is receiving services in a community based or an institutional setting. Second, there is one system to train and monitor OCs who perform the LOCD, ensuring reliability across the long term care system. In the last year, the LTCC sites have initiated a quality process based on actual case studies to promote discussion and shared understanding of the assessment process. It is recommended that the function of performing mandatory LOCDs remain with the LTCC.

Collaboration and Partnerships. The collaboration between the AAAs, 211 Call Centers, and the LTCC sites has created I&A systems that are additive rather than duplicative. Evidence from LOCD completion data indicates LTCCs and nursing facilities have a relationship that allows for the completion of functional eligibility determinations in a timely manner. Anecdotal evidence from site staff indicates the assignment of OCs to specific nursing facilities has increased communication between the LTCCs and nursing facilities. Unfortunately, collaboration between hospitals and the LTCC has not gone as planned. Given the large volume of contacts and the number of consumers the LTCC sites have served, the number of emergent cases and hospital referrals represents only 1.3% of consumers served. It is recommended the LTCC develop a plan to address the relationship between the LTCCs and potential partners to expand choice for consumers recovering from acute health events.

Status Report on Michigan’s Long Term Care Connections (Formerly named Single Point of Entry Demonstration Projects)

Background

Need for a Single Point of Entry (SPE) System

The long term care system can seem confusing and intimidating. Individuals often have little idea of what is available, where to find it, or for what assistance they may qualify. Navigating through the maze of programs and providers, people face knowledge gaps and barriers to finding the best mix of services and supports to meet their needs. This puts them at risk of making critical life decisions without full knowledge of their options. These factors are likely to keep people on the traditional paths to institutional care, premature and unnecessary expenditure of assets, and eventual Medicaid eligibility. While multiple agencies provide information and assistance, the provision of information based on a comprehensive, unbiased, inclusive, shared database has been lacking.

On April 1, 2004, the Michigan Medicaid Long Term Care Task Force was created by Governor Jennifer M. Granholm, through Executive Order (EO) 2004-01, to review current policy and identify barriers to the provision of effective and efficient home and community based and institutionalized long term care services in Michigan. The task force began meeting in June 2004, and completed their work by issuing a report, *Modernizing Michigan Medicaid Long Term Care: Toward an Integrated System of Services and Supports*, in May 2005. The report makes nine recommendations, with the third being to, “Designate locally or regionally-based ‘Single Point of Entry’ (SPE) agencies for consumers of long term care (LTC) and mandate that applications for Medicaid funded LTC go through the SPE to apply for services.”

Working in unity with the task force is the Long term Care Supports and Services Advisory Commission, created by EO 2005-14 on June 9, 2005. EO 2005-14 also mandated the establishment of three or more SPE demonstration projects in Michigan. Subsequently, Public Act (PA) 634 of 2006 required the establishment of four SPE demonstration projects. The one-stop/SPE system, now called Long Term Care Connections (LTCC), serves as a highly visible path to long term care system transformation in Michigan.

Mission of the LTCC

The LTCC aims to improve access and enhance consumer control by providing information and assistance (I&A) to individuals needing either public or privately-funded services, professionals seeking assistance on behalf of their clients, and individuals planning for their own future long term care needs. Also, the LTCC is to reduce the confusion encountered by individuals and families who are seeking I&A with emerging LTC situations, and promotes decision-making that is centered on the individual’s goals and preferences, including supporting decisions about the use of personal and publicly-funded resources.

Organizational Framework

LTCC Sites

In July 2006, four LTCC demonstration sites were identified and created based on a competitive grant process:

- (1) **Detroit/Wayne County Long Term Care Connection (DWCLTCC):** Detroit, Hamtramck, Harper Woods, Highland Park and the Grosse Pointe areas;
- (2) **Southwest Michigan Long Term Care Connection (SWLTCC):** Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren counties;
- (3) **Western Michigan Long Term Care Connection (WMLTCC):** Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, and Ottawa counties; and
- (4) **Upper Peninsula Long Term Care Connection (UPLTCC):** Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft counties.

Collectively, the demonstration areas include 53% of the states elderly and disabled population. The anticipated annual cost at the current operational level is \$12.7 million per year.

Start Up Activities

Start up activities for each site included hiring core administrative staff and developing governing and consumer advisory boards. To bring the organizations into functional existence, the administrative staff, working with the Office of Long Term Care Supports and Services (OLTCSS), developed job descriptions, hired service staff, activated a management information system (ServicePoint), developed service standards, and began training staff. The OLTCSS developed a state-level, interagency agreement between the Department of Community Health, the Department of Human Services, and the Office of Services to the Aging to assure awareness and support for the LTCC initiative throughout the human service safety net agencies. A key issue in LTCC start-up included a resolution of conflict of interest concerns to assure there was no bias in decision-making, by creating entities that separated the LTCC from the MI Choice Waiver agencies.

Leadership

Each LTCC site is required, by contract, to have both a governing board and consumer advisory board (CAB). Tables 1 and 2 provide an overview of membership composition for both the governing and consumer advisory boards at each site. Each board includes both primary and secondary (proxies or family members) consumers. The governing boards provide oversight, direction, and input into operations while considering advice from the CABs. The CAB is involved in reviewing information related to quality assurance, marketing and outreach, and curriculum development.

Table 1. LTCC site governing board composition

LTCC Sites	Number of Members	Meeting Frequency	Consumers
Detroit/Wayne	14	Monthly	7
Southwest	12	Bi-Monthly	2 primary, 2 secondary
UP	8-10	Bi-monthly	2 primary, 3 secondary
West	10	Monthly	2 primary, 2 secondary

Table 2. LTCC consumer advisory board composition and activities

LTCC Sites	Number of Members	Meeting Frequency	Comments
Detroit/Wayne	24	Monthly	Marketing, QA
Southwest	14	Bi-Monthly	QA, Advise GB
UP	10	Bi-Monthly	Marketing, QA
West	10-12	Monthly	QA, Advise GB

The Upper Peninsula LTCC also has a stakeholder group that meets bi-monthly to talk about issues that affect the LTC system in the Upper Peninsula. This group is comprised of members from the provider and aging network.

Staffing

Staffing at the LTCC sites varies based on planning and perceived needs within each region. The original model consisted of I&A specialists and options counselors (OCs). I&A specialists are housed at a call center handling requests for information and referrals, and the OCs work from locations around the region or at the LTCC offices. OCs then go into the field to interact with consumers and their families on a face-to-face basis.

DWCLTCC started with a three tiered model. Between the I&A and OC levels is a LTC I&A specialist group which handles cases that require more in-depth or lengthy calls due to the high volume of calls coming into the DWCLTCC Call Center. DWCLTCC also utilizes specialists in housing and financial eligibility who may also meet with consumers or assist over the phone. This differs from other sites that hire or develop specialists with expertise related to housing, eligibility, or other skills who then mentor OCs as they work with consumers. From the beginning, sites hired individuals who may have otherwise been trained as care managers, Medicare/Medicaid Assistance Program (MMAP) counselors, or I&A specialists from the larger LTC system.

I&A specialists are required to be AIRS certified or in training for certification. Also, I&A specialists have and continue to receive training in person-centered thinking. They may also attend special sessions at semi-annual training events open to staff at all sites.

OCs are individuals who have a bachelor's degree in social work, behavioral health, psychology, or a related field and have two years of experience working with individuals with LTC needs. OCs receive training based on a curriculum which includes interview skills, consumer assessment, privacy standards, generating support plans, and making referrals. Ongoing training is provided through in-services and semi-annual state training events.

Policies and Procedures

Workgroups, with representation from each site, developed I&A and OC standards. The LTCC sites have developed their own policies and procedures based on its unique, regional situations, needs, and available resources related to I&A and OC, and privacy regulation based on HIPAA requirements and grievance management.

Data System Approach

A key program element for the LTCC is a management information system (MIS), which provides required data for reporting purposes and supports the functions of the LTCC sites. Initially, there were several goals for the MIS:

1. Ability to track consumers from first contact to service implementation;
2. Potential to be used by LTCCs, providers, and partners to share information and serve consumers;
3. Ability to track information related to functional and financial eligibility, PA 634 requirements, support plans, and referrals;
4. Capacity for users to produce reports to be used for internal quality and external description, explanation, and verification of program outcomes; and
5. Capacity for users to do off-line remote data entry and merge with existing database.

The LTCC administrative staff chose an MIS that could be quickly implemented, given the pressure to meet numerous reporting requirements from both federal and state funding agencies. An off-the-shelf software product, ServicePoint, was licensed from Bowman Systems and configured to meet the LTCC requirements by DYNS, Inc. Although ServicePoint was originally designed for use by agencies working with homeless populations, it allowed for significant customization in tracking I&A and OC functions. While site representatives were not involved in initial decisions about product selection, user involvement and input began before ServicePoint was implemented in early 2007 and has continued to a greater or lesser extent through the development process.

Though ServicePoint has the ability to collect and manage a great deal of information related to consumers, there are challenges. The system runs too slowly to allow I&A specialists to use the system in real time, and data must be entered after contacts are completed. Reporting functionality, using the ART tool, is limited in ServicePoint. Few canned reports were available and new reports, had to be constructed by the software team for use by site and state users. The construction of reports using statewide data is very time intensive.

These issues are currently being studied and addressed with the participation of the LTCCs and Bowman Systems. A system administrator and resource specialist were hired to perform a systems analysis and oversee software reconfiguration and data collection processes.

Core Services

The primary services provided by the LTCC sites include: I&A, OC, mandatory LOCD, and management of the Mi Choice Waiver waitlist.

Outreach and Marketing

Efforts are ongoing to increase public awareness of the LTCC. The sites have made contact with a range of stakeholders (community service providers, nursing facilities, and hospitals) to develop working relationships necessary to streamline access to information, guidance, and services. A website (www.michLTC.com) has been developed to provide access to information through the internet. Individualized brochures have been created, providing information on the LTCCs. A marketing campaign across the four sites was developed and implemented in December 2008.

Information and Assistance Functions

Prior to the implementation of the LTCC, I&A systems were available to consumers. Those systems served consumers related to an agency specific mission. I&A systems exist at the AAAs, senior centers, and commissions on aging and are targeted for consumers over the age of 55 or 60, depending on the agency. Consumers not in that age group use information and referral services provided by Centers for Independent Living (CIL) or aging related systems. The goal of the LTCC is to build an integrated ADRC which provides accurate, useable information for adults across the age spectrum.

Developing a database system to hold resource information for LTCC users is an integral step in the process of creating an effective and efficient ADRC. To remain up-to-date on resources and information, an employee, or consultant, at each LTCC site is designated as the resource specialist, overseeing data entry and maintenance of the database. Based on the policies of each site, individual users may also add new resource information.

I&A services provide information in response to direct requests from consumers, family and friends of consumers, and professionals calling on behalf of consumers. Calls are received on a single statewide, toll-free telephone number (866-642-4582, 866-Mich-LTC), geo-routed to the local LTCC. Information provided ranges from narrow responses (agency name and contact information) to comprehensive information about community service systems (availability, accessibility, intake processes, financial eligibility requirements), and is tailored to the specific needs of the caller. I&A also offers inquirers general information and resources on a broad range of topics (chronic disease management, caregiver support, financial planning, etc.).

Development of Information and Assistance Standards

The LTCC and OLTCSS have developed I&A Standards to guide the LTCC toward becoming an inclusive source of information for aging and disability resources. The I&A Standards specify (1) service delivery expectations; (2) resource database standards; (3) reports and measures standards; (4) cooperative relationships standards; and (5) organizational requirements. These standards provide clear guidance on the operation of the LTCC, and provide a framework for site-based quality management.

Information & Assistance Call Centers

Each LTCC site developed its call center(s) in partnership with existing local agencies, giving each call center unique features. These partnerships can be challenging. Data requirements related to a demonstration project usually entail greater documentation and more oversight. Two

sites have changed partners during the initial two years of the project due to a lack of agreement over policy issues. All the call centers are required to use the Callpoint module of the ServicePoint product by Bowman. Table 3 provides a brief description of the I&A call centers across the sites.

Table 3. I&A call centers and technology by LTCC sites

LTCC Sites	Call Center Agency	Technology	Challenges
Detroit/Wayne	Area Agency on Aging	Uses <i>Callpoint</i> for all calls to AAA and SPE (Reporting reflects combined numbers)	Originally used 211 for call centers, switched to Area Agency of Aging
Southwest	4 regional Area Agencies on Aging: 3A, 3B, 3C, and 4	Uses <i>Callpoint</i> for all calls to AAA and SPE (Reporting reflects combined numbers)	Considerable time spent training, developing a blended I&A system based on shared policies, procedures, and definitions
UP	211	Uses <i>Refer</i> for Area Agency calls and <i>Callpoint</i> for ADRC/SPE calls	Call center relies on <i>Refer</i> and does duplicate entry into <i>Callpoint</i>
West	Region 8 Area Agency on Aging	Uses in-house <i>Access</i> database for Area Agency calls and <i>Callpoint</i> for ADRC/SPE calls	Switched from Area Agency call centers after the first year

Long Term Care Options Counseling

Options counseling is an interactive, decision-support process where consumers, family members, and others are supported in planning, evaluating, and accessing their desired LTC choices in the context of the consumer's needs, preferences, values, and circumstances. While planning and consumer education are core OC functions, there is built in flexibility to meet individual needs. Options Counselors may, at times, fulfill a face-to-face I&A function for consumers who have difficulty understanding or utilizing information provided by phone. In rare instances, OCs may also be required to move into a short-term care management function for consumers who are in crisis or need more intensive help in accessing needed services.

Development of Options Counseling Standards

The LTCCs and OLTCCSS also developed standards to guide the provision of OC functions. The standards describe desired traits and attributes of OCs and specify protocols for conducting essential components of options counseling, including outreach and education, pre-planning, development/implementation/monitoring of a long term care supports plan, information management, and quality assurance. The OC standards define the components of the 'initial evaluation,' 'preliminary long term care supports plan,' and 'long term care supports plan.'

Mandatory Level of Care Determination (LOCD)

PA 634 [section 109i (17)], mandates the LTCCs serve as the sole agency within the demonstration area to assess a consumer's functional eligibility for Medicaid long term care

programs. OLTCCSS has been working with MSA and other stakeholders to identify and adopt policies that will ensure objectivity, reduce duplication, and streamline the eligibility determination process. Options counselors began conducting LOCDs and assisting with Medicaid applications in November of 2007.

In MSA Bulletin 07-45, there are defined guidelines for scheduling or completion of LOCDs based on consumer circumstances. Nursing facility admission requires scheduling or LOCD completion within two business days from contact. LOCDs for change of condition or transfer between LTC programs requires contact with the consumer within two days and completion within five days. Consumers found to be functionally ineligible, based on the LOCD, may begin an appeals process by filing an adverse action notice.

Options counselors are trained to conduct LOCDs in a consistent, accurate manner. To facilitate this, LTCCs have implemented a process to review and discuss scoring on cases difficult to assess. All OCs have the opportunity to score and participate in case discussion. A web-based tool was created to track the scoring and indicate cases that present the most difficulty for assessment purposes.

Transition Services

The LTCCs have also been asked to facilitate needed transition services for eligible consumers living in LTC settings who have requested such services. Identifying potential transition cases and making referrals to MI Choice Waiver agents or a CIL is a priority function for OCs.

Evaluation Development

The OLTCCSS engaged the Michigan Public Health Institute (MPHI) to develop an evaluation plan. The evaluation plan built on the original AOA/CMS/ADRC grant, and further incorporated activities identified and supported with the Real Choice System Transformation Grant. An evaluation workgroup was formed to assist in building a logic model for the LTCC, to identify data needs and review methodologies and instruments in data collection efforts. The evaluation workgroup also reviews results and provides insight into data presentation.

Data Collection

Data collection for this report was accomplished through several sources. Data related to consumers was collected in ServicePoint modules as entered into the system by I&A specialists and OCs. Data related to consumer satisfaction was collected using phone interviews. Finally, information related to the LTCC system development, both from a state and local perspective, was obtained through meeting notes and bi-annual reports.

ServicePoint Data Retrieval and Reporting

ServicePoint has a large number of data fields connected with required data elements. Data from ServicePoint is retrieved within the ART reporting tool based on queries developed by MPHI. Data was then imported into SPSS for data cleaning, processing and analysis.

Case Record Review

Case records were reviewed for consumers who received options counseling and were randomly selected for OC interviews. Cases potentially selected for options counseling interviews were

initially reviewed to identify the specialists at the site who have worked with the consumer and use this information to cue the participant about the service of interest. Additional information from case notes provided contextual information about the consumers, interactions related to navigating the long term care system, and progress in meeting their needs. Complete case notes were available on 120 consumers who had participated in the options counseling interviews.

Consumer Satisfaction Interviews

Consumer satisfaction survey construction began in the summer of 2007. The I&A survey was constructed first. Survey questions were developed with input and review from the evaluation workgroup and LTCC site representatives. Questions in the survey related to the information distributed by the LTCC, characteristics of I&A specialists, and usefulness of the information. The survey was pre-tested in the fall of 2007. Interviewers were trained, and the survey was implemented in October 2007.

The OC survey contains the same questions related to information characteristics that appear on the I&A interview. Additional questions dealt with developing a support plan, whether a person-centered approach was used, what types of assistance for financial eligibility were provided, and whether the consumer perceived that they had support and control over decision making. The OC survey was developed in the fall of 2007, pre-tested in the first part of 2008, and fully implemented in March 2008. Sections of the OC interview related to financial topics underwent revision through the spring of 2008 and the current version of the survey has been utilized since June of 2008.

Sampling for the I&A and Options Counseling Surveys

Sampling for the I&A interviews for the first year is based on the number of I&A calls that were recorded in ServicePoint for the two weeks prior to the sample being pulled. Only those consumers who had not advanced into OC were pulled for the I&A sample. A 10% sample was pulled for each site and the sample was stratified based on the type of caller. For example, if 100 callers were recorded in ServicePoint and 20 were from professionals, 40 were from proxies for consumers and 40 were primary consumers then the sample would include 2 professionals, 4 proxies and 4 consumers. Due to the difficulty in completing calls, especially to consumers, lists of alternates were also selected equal in number to the first list. Interviewers were to attempt to contact each name 7 times before moving to an alternate.

The sample for the OC survey is a simple, random sample of those who have an open case classification and signed support plan. Initially, a sample of three names and three alternates was selected from each site. Currently, at least six interviews are completed for each site per month. The sample is pulled each month, and case notes are reviewed to ensure that cases have had a face-to-face encounter with an OC and contact numbers for both the consumer and proxy can be retrieved if needed.

Interviewers

From October of 2007 through September of 2008, each LTCC was responsible for completing the I&A interviews at their locations. Quality managers were required to identify interviewers as part of the data collection effort. Interviewers were often part of the quality management staff, members of the Consumer Advisory Board, or individuals hired for the purpose of conducting the interviews. Interviewers were trained by the evaluation team at MPHI.

Beginning in October of 2008, 50% of all I&A interviews are conducted by MPHI’s Survey Research Center, and the other 50% continue to be conducted by the sites. MPHI continues to pull both samples.

Initially, OC interviews were to be completed by interviewers outside each site. Quality managers facilitated the process, setting up the interviews and working with the interviewers. Within a short time, this was determined to be unrealistic and unsuccessful due to the time needed to access callers and complete the more technically difficult interviews. SoWhat? Evaluation took over the task of pulling the sample, setting up the interview cover sheets, and conducting the interviews. All interviews are primarily conducted with one of two interviewers who are trained on the interview and protocols.

PA 634 Reporting Requirements - Contact and Consumer Information

I&A Contact Information

The total number of contacts received between October 2007 and September 2008 (FY 2008) was 31,712 (Table 4), with an average of 2,643 contacts per month. Contacts are counted as events that prompt requests for assistance related to one need or problem. Even if there are multiple contacts between a consumer and the LTCC over a period of days, the contact is still counted only once. A new contact is counted when a new need is identified, a considerable time has elapsed, or a change has occurred related to the need.

Number of Consumers

In FY 2008, 23,680 consumers were assisted. Some consumers have more than one need that necessitates multiple contacts to the LTCC.

Table 4. Total number of contacts and consumers, FY 2008²

Total number of contacts made to LTCC	31,712
Total number of consumers (may have numerous contacts within the time period)	23,680
Total number of new consumers added	22,593

Table 5 demonstrates the number of contacts per LTCC site. Detroit and Southwest Michigan LTCC sites have call centers shared with the area agencies on aging that utilize ServicePoint to track calls and services. The number of contacts in these sites appear larger because the contacts are handled through the I&A specialist before they are handed off to the LTCC or the AAA. The Upper Peninsula LTCC utilizes a 211 call center and their specialists handle I&A contacts; contacts to the LTCC are tracked in ServicePoint, but non-LTCC contacts are entered in Refer, another call tracking software. West Michigan LTCC contracts with an area agency on aging. Specialists who are devoted to the LTCC contacts enter such contacts in ServicePoint; all other non-LTCC contacts are tracked in a separate database.

²PA 634 (4)(o)(ix) The total number of contacts and consumers served. (7)(g) Number of consumers served.

Table 5. Contacts by LTCC site, FY 2008

	FY 2008	
	Number of Contacts	% of Contacts
Total number of contacts	31,712	
LTCC sites		
Detroit	12,290	38.8%
Southwest Michigan	9,484	29.9%
Upper Peninsula	3,534	11.1%
West Michigan	6,404	20.2%

Regarding who contacts the LTCC, 25.9% came from primary consumers (Table 6), and 23.2% from a spouse, relative, or friend. Professionals, such as social workers, who contacted the LTCCs on behalf of consumers, represented 16.9% of all contacts. The other contacts to the LTCC were categorized as “Other,” which included business contacts not related to a specific consumer or contacts requesting an LOCD be completed.

Table 6. Type of individual making the contact, FY 2008

	FY 2008	
	Number of Contacts	% of Contacts
Total number of contacts	31,712	
Contact by		
Consumer	8,218	25.9%
Spouse/relative/friend	7,371	23.2%
Professional	5,374	16.9%
Other	9,922	31.3%
No information	827	2.6%

Individuals contacting the LTCC hear about the program from a variety of sources, but the main method of transmission is word-of-mouth from professionals, friends and relatives (Table 7). Nursing facilities provided the most referrals (28.7%) due to the need for mandatory LOCDs that are conducted for people living in or moving to nursing facilities. Some of these referrals also relate to those leaving nursing facilities to return home, but need services in their home environment. Agencies, such as current LTC service provider agencies, human service agencies, and advocacy groups, were the second most frequently named referral source (23.5%). Medical professionals, including doctors, nurses, social workers, and emergency department personnel, were the third most frequently mentioned referral source (11.6%). The fourth most common was related to friends and family (10.2%). It is expected that referrals in this group will rise in the future as more people access the LTCC system and report their experiences to their friends and family.

Table 7. Sources of referral to LTCC, FY 2008

	FY 2008	
	Number of Contacts	% of Contacts
Total number of contacts	31,712	
Sources of referral to LTCC		
Nursing/other LTC facilities	9,093	28.7%
Agency referral	7,446	23.5%
Hospital/doctor/social worker	3,683	11.6%
Family/relative/friend	3,240	10.2%
Media (including LTCC staff presentations)	2,080	6.6%
Community organizations/resources	334	1.1%
Other	899	2.8%
No information	4,937	15.6%

Demographics of Contacts

Contacts made for consumers 60 years old or older constituted 74.7% of total contacts received in FY 2008 (Table 8). Seventeen and a half percent of contacts were made for consumers younger than 60 years of age. These numbers roughly represent the consumer targets anticipated for the ADRC/SPE based on population characteristics.

Table 8. Contacts by consumer's age, FY 2008

	FY 2008	
	Number of Contacts	% of Contacts
Total number of contacts	31,712	
Contacts made by/for consumer		
60 or over	23,693	74.7%
Under 60 years old	5,547	17.5%
No information	2,472	7.8%

Over two-thirds (68%) of contacts to the LTCC were made for consumers with a disability (Table 9). Seven percent of contacts were for consumers with no disability. It should be noted, however, that 25% of total contacts did not provide any disability information to the LTCC.

Table 9. Contacts by consumer's disability status, FY 2008

	FY 2008	
	Number of Contacts	% of Contacts
Total number of contacts	31,712	
Contacts made by/for consumer		
With disability	21,555	68.0%
No disability	2,205	7.0%
No information	7,952	25.0%

For all contacts coming into the LTCC, about one contact in three came from an individual who had contacted the LTCC in the past (Table 10). The percentage of repeat contacts has steadily increased over time from a low of 17.3% in October 2007 to 32.5% of the contacts by September 2008. It is noteworthy the LTCCs have maintained a steady stream of repeat contacts.

Table 10. New versus repeat contacts to LTCC, FY 2008

	FY 2008	
	Number of Contacts	% of Contacts
Total number of contacts	31,712	
New vs. repeat contacts		
New contact	17,804	56.1%
Repeat contact	9,913	31.3%
Unclear	3,995	12.6%

Table 11 shows the methods of contact to the LTCC. Written communication includes faxes, e-mails and delivered mail. The “Field” method of contact refers to when specialists are outside of the office, conducting LOCDs or visiting consumers and a request is made for another consumer to be assisted. Consumers, or their proxies, may also walk in to the call center and request assistance.

Table 11. Method of contact to LTCC, FY 2008

	FY 2008	
	Number of Contacts	% of Contacts
Total number of contacts	31,712	
Method of contact		
Phone	22,883	72.2%
Written communication	5,953	18.8%
Field	758	2.4%
Walk-in	638	2.0%
No information	1,480	4.7%

Of the 31,712 contacts to the LTCC in FY 2008, 61.3% were made by consumers, or their proxies, asking for assistance; 29.3% were LOCD requests (Table 12). It is expected the LOCD contact rate will increase in FY 2009 due to a new marketing campaign across the LTCC sites.

Table 12. Type of contact, FY 2008

	FY 2008	
	Number of Contacts	% of Contacts
Total number of contacts	31,712	
Type of contact		
Information & referral	20,003	63.1%
LOCD	9,292	29.3%
Business	1,051	3.3%
Other	538	1.7%
No information	828	2.6%

Contacts to the LTCC can come in from a variety of places when assistance is requested (Table 13). Contacts coming from residences related to consumers or proxies calling in for information. Contacts from nursing facilities were most often related to LOCDs, but may also be related to consumers who wish to transition back to the community after a nursing facility stay. Few contacts, less than 1%, came from hospital settings either from discharge planners or consumers.

Table 13. Living arrangement at time of contact to LTCC, FY 2008

	FY 2008	
	Number of Contacts	% of Contacts
Total number of contacts	31,712	
Address type when contact was made		
Residence	15,097	47.6%
Nursing facility	7,793	24.6%
Hospital	257	0.8%
AFC/Home for the aged	65	0.2%
Assisted living	133	0.4%
Rehabilitation facilities	63	0.2%
Other	186	0.6%
No information	8,118	25.6%

Consumer-Related Information

In FY 2008, there were a total of 23,680 unique consumers who accessed LTCC services. The demographic characteristics (gender, age group, poverty level and disability type) of the consumers across the twelve months are listed in Table 14 below.

Table 14. Consumer's gender, age, and race information, FY 2008

	FY 2008	
	Number of Consumers	% of Consumers
Total number of consumers	23,680	
Sex		
Female	14,403	60.8%
Male	7,395	31.2%
No information	1,882	7.9%
Age		
60 or over	18,017	76.1%
Under 60 years old	4,200	17.7%
No information	1,463	6.2%
Race/ethnicity		
Black	8,187	34.6%
White	7,867	33.2%
Other	388	1.6%
No information	7,238	30.6%

Income and insurance information for consumers is also collected (Table 15). 27% of consumers reported having an income below poverty level, while only 2% reported an income level over 300% of SSI. 33.9% of consumers were already covered under Medicaid, and another 21.6% reported having insurance through other means.

Table 15. Consumer's income level and insurance, FY 2008

	FY 2008	
	Number of Consumers	% of Consumers
Total number of consumers	23,680	
Poverty Level		
Below poverty level	6,305	26.6%
Above poverty level up to 300% of SSI	4,764	20.1%
Above 300% of SSI	469	2.0%
No information	12,142	51.3%
Type of insurance		
Medicaid	8,022	33.9%
Other insurance	5,120	21.6%
No information	10,538	44.5%

The majority of consumers had at least one type of disability. Physical disabilities were the most prevalent and reported by over half of consumers seeking assistance. Dementia was reported for almost one in five consumers. Also, one in five consumers had more than one disability concurrently. A summary of disability information for LTCC consumers is given in Table 16.

Table 16. Disability type for consumers served by the LTCC, FY 2008

	FY 2008	
	Number of Consumers	% of Consumers
Total number of consumers	23,680	
Disability Type*		
Dementia	4,167	17.6%
Mental illness	1,887	8.0%
MR/DD	198	0.8%
Physical	12,927	54.6%
Sensory	1,275	5.4%
Traumatic brain injury (TBI)	157	0.7%
Other disability	2,064	8.7%
>1 disabilities	5,121	21.6%
No disability	1,831	7.7%
No information	5,530	23.4%

*These are not mutually exclusive; an individual may be captured in more than one category.

Missing Data

Data reported in Tables 14 to 16 are for all consumers who had contacts initiated on their behalf. It is not unusual to have missing data for consumer related information, which may be sensitive to consumers. All contacts are handled in a person-centered manner, and a consumer's income, race, and disability can be addressed in a later conversation with an OC if consumers and their proxies are unwilling to disclose that information in an initial contact. Data is much more complete for those consumers who work with OCs as that information impacts how and what resources the OC presents to the consumer as part of a person-centered plan.

Identified Needs and Referrals

Consumers and their proxies contact the LTCC with a variety of needs. Table 17 shows the types of needs indicated by consumers in FY 2008. Detail shows that there were 18,128 separate consumers with recorded need information, some with multiple needs.

Table 17. Reported needs, FY 2008

Reported Need Category	FY 2008	
	Number of Consumers with Reported Need*	% of Consumers with Reported Needs
Aging & Disability Resource Centers /Options Counseling	8,830	48.7%
State Medicaid Waiver Program	2,696	14.9%
Medicaid prior authorization	1,937	10.7%
Other Medicaid related needs	153	0.8%
Nursing Home Transition Financing Program	207	1.1%
Area Agencies on Aging	1,181	6.5%
Long term care facilities/program related	897	4.9%
Long term care/health insurance/Medicare related	1,124	6.2%
Public assistance/benefits related	457	2.5%
Food/meals related	2,781	15.3%
Housing/shelter/utilities/home maintenance related	2,041	11.3%
Transportation-related needs	571	3.1%
Care/case management	544	3.0%
Personal care/home help/home health related	1,679	9.3%
Specialized & other information and referral	1,022	5.6%
Other/miscellaneous	1,765	9.7%
Total number of consumers with associated need info	18,128	

*A consumer can have more than one reported need; thus the sum of this column (27,885) is greater than the number of consumers with reported needs.

Most information related to needs is captured during the I&A contact. Almost half of the people calling in were identified as needing a referral to the ADRC (this category represents options counseling). Almost 40% of those calling in were seeking more information about access to services and the programs that would help consumers pay for those services through insurance, or public programs such as Medicaid. Table 18 shows the referrals I&A specialists, and in some cases OCs, provided to the consumers.

Table 18. Referrals provided to consumers³, FY 2008

Referral Category	FY 2008	
	Number of Consumers with Referral [*]	% of Consumers with Referrals
Aging & Disability Resource Centers /Options Counseling	7,015	48.0%
State Medicaid Waiver Program	2,523	17.3%
Medicaid prior authorization	1,754	12.0%
Other Medicaid related services/programs	121	0.8%
Nursing Home Transition Financing Program	183	1.3%
Area Agencies on Aging	1,087	7.4%
Long term care facilities/program related	590	4.0%
Long term care/health insurance/Medicare related	971	6.6%
Public assistance/benefits related	298	2.0%
Food/meals related	2,437	16.7%
Housing/shelter/utilities/home maintenance related	723	4.9%
Transportation-related	315	2.2%
Care/case management	472	3.2%
Personal care/home help/home health related	1,044	7.1%
Specialized & other information and referral	877	6.0%
Other/miscellaneous	862	5.9%
Total number of consumers with referrals	14,623	

^{*} A consumer can have more than one referral; thus the sum of this column (21,272) is greater than the number of consumers with referrals.

Written Information Provided

Early in the implementation phase of the LTCCs, a list of written materials that could potentially be provided to consumers was compiled. Table 19 identifies written material that has been distributed to consumers since January 2007.

³PA 634 (4)(o)(xi) The number and types of referrals made.

Table 19. Written information provided to consumers since January 2007

Written Information	Detroit	SW	UP	West	Total
SPE Services	1,014	712	131	81	1,938
Medicaid LTC Benefits and Options	1,090	557	52	90	1,789
Information/assistance w/Medicare Part D	772	662	61	77	1,572
Person Centered Planning Process	642	753	50	65	1,510
Medicaid Financial Eligibility	630	606	58	52	1,346
Services	576	639	49	57	1,321
LTC Planning Kit	514	679	1	40	1,234
Medicaid Programs (General)	656	433	25	77	1,191
Nursing Facilities Transition	556	547	23	44	1,170
Dept of Human Services (DHS)	394	292	25	15	726
Consumer Rights and Responsibilities	198	414	34	61	707
Self Determination	293	390	16	7	706
Basic Need	240	371	37	23	671
Caregiver Supports	308	248	45	40	641
Housing Assistance	302	222	27	28	579
Disability Services	110	355	15	16	496
Safety	163	198	44	27	432
Assisted Living Center	52	280	4	18	354
Medicare	44	263	13	10	330
Durable Medical Equipment/Personal Care Supplies	36	224	9	13	282
Provider Profile	79	170	3	8	260
Wellness	107	105	12	6	230
Legal Assistance	19	194	0	12	225
Food Assistance	69	111	3	6	189
Emergency Services	58	80	10	10	158
Adult Foster Care	41	99	6	11	157
Support Group	49	55	8	4	116
Veteran's Service Resources	21	18	6	6	51
Total	9,033	9,677	767	904	20,381

It is unclear whether the number and distribution of written materials differs due to how information is provided, or how distribution is recorded in ServicePoint. A great deal of information is being distributed in two out of the four sites. This difference could be the result of the blended nature of the call center using ServicePoint for recording all consumer interactions including the distribution of written material.

Consumer Satisfaction Interviews for Consumers Who Received Information and Assistance

As previously described, consumer satisfaction interviews were conducted with consumers and proxies for individuals assisted only with I&A.⁴

⁴PA 634 (7)(c) Consumer satisfaction with services provided

I&A Interview Results

Results from the interviews conducted in FY 2008 are presented in Tables 20 to 22. The questions from the first section of the survey related to information that was presented to the consumer, whether the information was clear, accurate and understandable. Nine out of ten people agreed that the information was clear, but one out of five felt the information did not give them choices. 14% did not use the information to make decisions.

Table 20. I&A interview results - Information characteristics (N=947)

Question	Percent Positive
I received the information I wanted.	88%
The information I received was clear.	90%
The information I received was accurate.	90%
The information I received was helpful.	89%
The information I received gave me choices.	82%
The information I received respected my values.	93%
I understood the information I received.	94%
I used the information I received to make decisions.	86%
I received the information I wanted.	84%

The second section corresponds to characteristics of the I&A specialist. In general, ratings were very high when consumers were asked about the person presenting the information over the phone, nine out of ten people felt their I&A specialist was friendly, respectful and knowledgeable. Specialists reportedly listened carefully.

Table 21. I&A interview results - I&A specialist characteristics (N=947)

The person I spoke with:	Percent Positive
Was knowledgeable.	94%
Was friendly.	98%
Treated me with respect.	98%
Listened carefully to what I wanted.	97%
Helped me in a reasonable amount of time.	93%

The third section relates to the consumers' satisfaction with I&A service. Overall, nine out of ten people were satisfied with the I&A services and would call again if needed.

Table 22. I&A interview results - Satisfaction with service. (N=947)

Question	Percent Positive
I was satisfied with the assistance I received from the Long Term Care Connection.	89%
I would call the [Long Term Care Connection] again in the future, if I needed to.	95%
I would recommend this service to someone else who needed it.	94%

Potential problems emerged when consumers did not realize who had helped them with I&A; many thought the LTCC and local area agency on aging were the same agency. Some potential respondents could not be interviewed as they could not remember receiving help from the LTCC. This confusion may be inadvertently reinforced by the way the phones are answered when calls

come into the center. For example, one site uses the phrase “Hello this is the _____ area agency on aging, and your Long Term Care Connection”. Interviewers are instructed to provide additional information to callers who may be confused.

Responses to Open Ended Questions

Consumers were asked if they had additional information to share about their experiences in working with the LTCC. A few consumers indicated that they did not receive follow up calls or there was a lack of resources to meet their needs. Consumers also indicated dissatisfaction with having to be put on a wait list. While consumers did not think they waited too long for information, they did complain about the wait for services to be available for them.

Options Counseling, Required Dates and Support Plans

Any consumer who desires options counseling may request it. Timing requirements for emergent/urgent needs and hospital discharge cases are contained in PA 634, 4 (j), (k), and (l). Options counselors make contact with the consumer within two business days; take preliminary information over the phone, then meet with the consumer, and any proxies designated by the consumer to build a support plan. Support plans are developed through a person-centered process by talking with and educating the consumer, and then assisting the consumer to access services that respond to their care goals and needs. An OC may also assist a consumer with completing paperwork for financial eligibility. Under PA 634 (4)(c), OCs are required to conduct all LOCDs for consumers entering all Medicaid LTC programs.

Site Differences in Information & Assistance and Options Counseling Processes

Each LTCC has developed a unique OC process based on local needs, constraints, and resources. Table 23 demonstrates how many consumers at each site complete the options counseling process that results in a support plan.

Table 23. Consumers with preliminary or signed support plans as a percentage of LTCC consumers, FY 2008

LTCC Sites	Total Number of Consumers	Number of Consumers with OC Support Plans	% of Consumers Receiving OC Support Plans
Detroit/Wayne	9,727	1,282	13.2%
Southwest Michigan	7,147	657	9.2%
Upper Peninsula	2,225	511	23.0%
West Michigan	4,581	795	17.4%
Total	23,680	3,245	13.7%

In Detroit, consumers identified with LTC needs at the I&A level are assisted by a LTC counselor who gathers additional information to be used by an OC from the consumer over the phone. The LTC counselor makes referrals for services to meet immediate needs, and places the consumer on the wait list for Waiver services, home delivered meals or other services. An OC meets with the consumer in a face-to-face venue at a later date to update or complete the plan, assist with paperwork, or perform a LOCD. The OC process has been heavily impacted by the wait list for the Mi Choice Waiver program.

Southwest LTCC has decentralized call centers and options counseling, with a focus on assisting consumers through I&A as much as possible. As a result, consumers and proxies often develop relationships with local I&A specialists. To promote continuity, I&A specialists and OCs have regular meetings to discuss individual cases and monitor internal processes.

At the Upper Peninsula LTCC, the 211 center answers calls for the Upper Peninsula Commission for Area Progress Services, Inc. (UPCAP) and the LTCC, as well as other people seeking assistance not related to LTC issues. Consumers and their proxies who request options counseling or are seeking waiver services are enrolled in options counseling.

West Michigan LTCC shares a call center with the Area Agency on Aging of Western Michigan. Two operators are assigned to LTCC calls and make referrals for options counseling. West Michigan LTCC offers options counseling for all who request it.

Demographic Information for Consumers in Options Counseling

Information for consumers in options counseling tends to be more complete than in I&A since OCs probe for information on income, disabilities, and informal supports as they offer LTC options to each consumer. Tables 24 to 26 present demographic information for the 8,021 consumers in options counseling in FY 2008.

Table 24. Gender, age, and race information for consumers in options counseling, FY 2008

Demographic Information	FY 2008	
	Number of OC Consumers	% of OC Consumers
Total number of OC consumers	8,021	
Sex		
Female	5,356	66.8%
Male	2,527	31.5%
No information	138	1.7%
Age		
60 or over	6,484	80.8%
Under 60 years old	1,429	17.8%
No information	108	1.3%
Race/ethnicity		
Black	3,759	46.9%
White	3,292	41.0%
Other	161	2.0%
No information	809	10.1%

Of consumers in options counseling, 42.8% reported an income below poverty; and another 32.6% met financial eligibility for Mi Choice Waiver services at less than 300% SSI. Only 3.7% of those receiving options counseling reported an income above 300% SSI. Income information was not available for 21% of those in options counseling. Regarding insurance information, 37.6% of OC consumers reported current Medicaid eligibility, or applied for Medicaid during the

OC process. This number under reports the actual number of those accessing Medicaid. While OCs may assist in completing paperwork for Medicaid eligibility, they may no longer be actively working with a consumer when Medicaid eligibility begins. About a third (33.7%) had reported having other types of insurance, including private insurance.

Table 25. Poverty level and medical insurance of consumers in options counseling, FY 2008

Demographic Information	FY 2008	
	Number of OC Consumers	% of OC Consumers
Total number of OC consumers	8,021	
Poverty Level		
Below poverty level	3,436	42.8%
Above poverty level up to 300% of SSI	2,618	32.6%
Above 300% of SSI	296	3.7%
No information	1,671	20.8%
Type of insurance		
Medicaid	3,015	37.6%
Other insurance	2,707	33.7%
No information	2,299	28.7%

Table 26 shows the prevalence and types of disabilities for those in options counseling. The most common reported disability type was of physical limitations due to mobility issues or frailty affecting 73.5% of the OC consumers. Almost one in ten (9.5%) consumers in options counseling had a form of mental illness. Less than 1% of consumers had a diagnosis of developmental disability or traumatic brain injury. Only 3% indicated they had no disability.

Table 26. Disability types for consumers in options counseling, FY 2008

Demographic Information	FY 2008	
	Number of OC Consumers	% of OC Consumers
Total number of OC consumers	8,021	
Disability Type*		
Dementia	1,493	18.6%
Mental illness	763	9.5%
MR/DD	73	0.9%
Physical	5,898	73.5%
Sensory	673	8.4%
Traumatic brain injury (TBI)	68	0.8%
Other disability	657	8.2%
>1 disabilities	2,153	26.8%
No disability	243	3.0%
No information	810	10.1%

*These are not mutually exclusive; an individual may be captured in more than one category.

Options Counseling Cases with Long term Care Support Plans

PA 634 established timeliness mandates for several functions related to options counseling. The effort to meet these requirements and document progress has impacted work across the LTCC system to ensure consumers are assisted in a timely, efficient, collaborative manner in accessing LTC services.

Options counseling involves person-centered discussion with a consumer and designated proxies in order to review options and make plans for current and future needs. Within the LTCC system, considerable time was spent discussing how LTC services are defined, how they are tracked in ServicePoint, and what data elements are used to indicate a consumer has requested services, completed evaluation activity, and received a support plan. By definition, consumers move from I&A activity to OC activity when they have an OC case opened in the case classification section of ServicePoint. When a case is “active”, activities related to follow up and monitoring may be more frequent until a case is either designated “Stable” or “Closed”. Cases are “Stable” when activities related to connecting consumers with services have been completed for present needs. Consumers may move between “Open-Active” and “Stable” as needs change. Cases are “Closed” when the consumer no longer wishes to be contacted for follow up.

Table 27 shows that out of the 8,021 consumers who had a case classification opened in ServicePoint in FY 2008, 5,478 had contacted the LTCCs for PA 634 services and received an initial evaluation for long term care services. Of these consumers, 59% had preliminary or signed support plans. There are a number of reasons why support plans were never finished for consumers. These reasons include: (1) system change - a revision in LTCC definitions and standards related to what constitutes options counseling and when it is provided to consumers and their proxies; (2) individual factors - consumers may change their minds about participating in options counseling, consumers may be unavailable for follow up, or information may be missing or incorrect for contacts; and (3) miscommunication - cases were opened at the time of referral by someone other than an options counselor.

Table 27. Option counseling cases with initial evaluation for PA 634 services, FY 2008

	FY 2008	
	Number of OC Consumers	% of OC Consumers
Total number of OC consumers with initial evaluation for PA634 services	5,478	
LTCC Sites		
Detroit LTCC	2,704	49.4%
Southwest LTCC	840	15.3%
UP LTCC	827	15.1%
West Michigan LTCC	1,107	20.2%
With support plan		
With preliminary support plan	3,181	58.1%
With signed support plan	2,360	43.1%
With preliminary and/or signed support plan	3,245	59.2%

Changes in case definitions, and clarification of when an options counseling case is opened have evolved over time due to the developmental process and advancements made in this pilot program. Table 28 demonstrates how options counseling cases associated with support plans have increased over time. This is especially true for the first two quarters of the fiscal year when LTCC started performing LOCDs and cases were inadvertently opened for short periods of time. Options counseling cases in the most recent quarter, 4th quarter, FY2008, have at least preliminary plans for 73.9% of the consumers.

Table 28. Option counseling cases with preliminary and signed support plan by quarter, FY 2008

FY 2008 Quarter	Number of Cases	With Preliminary Support Plan	With Signed Support Plan	With Preliminary and/or Signed Support Plan
Active OC cases: Quarter 1 (Oct-Dec 2007)	1,482	801 (54.0% of 1 st quarter cases)	694 (46.8% of 1 st quarter cases)	819 (55.3% of 1 st quarter cases)
OC cases opened: Quarter 2 (Jan-Mar 2008)	1,339	640 (47.8% of 2 nd quarter cases)	540 (40.3% of 2 nd quarter cases)	654 (48.8% of 2 nd quarter cases)
OC cases opened: Quarter 3 (Apr-Jun 2008)	1,187	672 (56.6% of 3 rd quarter cases)	513 (43.2% of 3 rd quarter cases)	686 (57.8% of 3 rd quarter cases)
OC cases opened: Quarter 4 (Jul-Sep 2008)	1,470	1,068 (72.7% of 4 th quarter cases)	613 (41.7% of 4 th quarter cases)	1,086 (73.9% of 4 th quarter cases)
Total number of OC consumers with initial evaluation for PA 634 services	5,478	3,181 (58.1%)	2,360 (43.1%)	3,245 (59.2%)

How policies and procedures are understood has improved over time and is reflected in plan completion. Reporting improved as adjustments were made in the software used to track information from the pilot program.

Time Frame from Initial Evaluation to Preparation of LTC Plan

On average, it took 6.5 days from the time of initial evaluation for LTC services until development of a preliminary support plan.⁵ In 86% of cases, a preliminary LTC support plan was developed within two business days. The average number of days in preparing support plans has been largely inflated due to the model run by Detroit as described above. The average number of days from initial evaluation to development of a support plan, across the three sites without Detroit, decreased substantially to just three days.

Level of Care Determination

Over 11,000 LOCDs were completed in FY 2008 (See Table 29). Of those, 76.9% were conducted in a nursing facility. Ninety-six percent were determined to be functionally eligible

⁵PA 634 (4)(o)(viii) The average time frame for case management review

for Medicaid funded services through the Waiver or in a nursing facility. Four percent (372 LOCDs) were determined ineligible.⁶

Table 29. LOCDs conducted in FY 2008

LOCD-Related Information	FY 2008	
	Number of LOCDs*	% of LOCDs
Total number of LOCDs conducted	11,292	
Number of LOCDs where consumers were deemed eligible	10,829	95.9%
LOCD setting		
Nursing facility	8,682	76.9%
Home	2,346	20.8%
Hospital	146	1.3%
Other	40	0.4%
No information	78	0.7%
LOCD conducted per quarter		
October to December 2007	1,744	15.4%
January to March 2008	3,079	27.3%
April to June 2008	3,298	29.2%
July to September 2008	3,171	28.1%
LTCC sites		
Detroit	3,575	31.7%
Southwest Michigan	2,591	22.9%
Upper Peninsula	1,528	13.5%
West Michigan	3,598	31.9%

*Number of LOCD conducted are all cases with LOCD dates within FY 2008, excluding cases with "planning" as the reason for conducting LOC. A consumer may have more than one LOCD within the 12-month time period.

Sixty-six percent of consumers who were evaluated with the LOCD did not desire additional options counseling (Table 30). Regardless of whether consumers participate in options counseling, they are provided the opportunity of participating in the development of support plans as part of the LOCD process.

⁶PA 634 (17) A single point of entry agency for long term care shall serve as the sole agency within the designated single point of entry area to assess a consumer's eligibility for Medicaid long term care programs utilizing a comprehensive level of care assessment approved by the Department of Community Health.

Table 30. Number of consumers with LOCDs and options counseling, FY 2008

LOCD-Related Information	FY 2008	
	Number of Consumers	% of Consumers with LOCD
Number of consumers with LOCDs	9,942	
Consumers with options counseling		
Strictly LOCD cases only, no options counseling	6,549	65.9%
Consumers with OC and LOCDs	3,393	34.1%

LOCD Timelines

Upon request from a consumer or provider for functional assessment for Medicaid services, the LTCC has five days to conduct the LOCD. The provider must then enter the information from the LTCC's LOCD into the LOCD website under their NPI within two business days of receiving the LTCC's LOCD.⁷ Table 31 shows the timelines between LOC request and completion.

Table 31. LOCD timelines between request and completion, FY 2008

	FY 2008		
	N of LOCDs	% of LOCDs	Cumulative %
Number of days from LOC request date to LOCD date* :			
Same day	2,481	22.0%	22.0%
1 day	2,340	20.7%	42.7%
2 days	1,746	15.5%	58.2%
3 days	1,442	12.8%	70.9%
4 days	1,133	10.0%	81.0%
5 days	910	8.1%	89.0%
6 days	468	4.1%	93.2%
7 days	292	2.6%	95.7%
8 days	118	1.0%	96.8%
9 days	54	0.5%	97.3%
10 days	35	0.3%	97.6%
More than 10 days	186	1.6%	99.2%
Cannot be determined	87	0.8%	100%
Total number of LOCD conducted	11,292		

*The number of days between LOCD request date and LOCD date is based first on the value that was entered into ServicePoint; if no number was entered, and then the number of days between LOC request and LOCD dates is the calculated difference between the two dates.

⁷PA 634 (7)(d) Timeliness of delivery of services provided

Emergent and Hospital Cases

Emergent Cases

A consumer who is in an “urgent or emergent” situation should have an initial evaluation, and a completed preliminary support plan within 24 hours after contact is made by the consumer. The refinement of a definition of “urgent and emergent” has necessitated discussion related to how it is tracked for reporting purposes. The LTCCs define *emergent* as a long term care situation that requires immediate OC intervention. Discussion of “urgent and emergent” continues, but a review of case notes indicates that LTCC staff generally includes planning that prevents an immediate entry into a nursing facility to meet consumer needs for services. Instances of when staffs identify “urgent or emergent needs” include:

- Loss of housing, or housing-related utilities-water, gas, electricity due to catastrophic events such as fire, or long hospitalizations;
- Concern about safety of loved ones in current residential settings (Nursing facilities, home without support);
- Lack of family or social support for the individual; loss of caregiver; and
- Abrupt changes in condition that created new needs often precipitated by an emergency room visit.

Emergent cases (as evidenced by the case reviews) are problematic because often a combination of needs may tip the individual into a crisis. Emergent cases were most often associated with lack of family or social support for the individual. Activities that in isolation might not lead to urgency under normal circumstances such as bill paying, or transportation, may jeopardize the consumer’s ability to follow through and correct the situation in an adequate time frame. Emergent cases were often multi-dimensional and have financial, social, medical, or geographical dimensions. Emergent cases were also often fluid situations that made it difficult to assign and hold to reporting dates as well. In many cases the emergent need related to housing; housing was lost due to a fire, loss of utilities, and lack of repair or financial concerns.

There were 196 emergent cases in FY 2008. Two out of three cases resulted in a plan within a day of calling the LTCC, and 80.2% resulted in a plan within a three day period (Table 32).⁸

⁸PA 634 (4)(k) For a consumer who is in an urgent or emergent situation, within 24 hours after contact is made by the consumer, his or her guardian, or his or her authorized representative, perform an initial evaluation and develop a preliminary long term care support plan.

Table 32. Provision of services within prescribed time frames for emergent cases, FY 2008

	Cases	% of Cases with Signed Support Plan	Cumulative %
Total emergent cases in FY 2008	196		
Emergent cases with support plan	177		
Days from contact to support plan			
Same day	61	34.5%	34.5%
One day	55	31.1%	65.5%
2 – 3 days	26	14.7%	80.2%
4 – 10 days	24	13.6%	93.8%
Over 10 days	11	6.2%	100.0%

Over half of the emergent cases necessitated an LOCD be performed, and the vast majority resulted in consumers being LOC eligible. After contact with the LTCC, a minority ended up in a nursing facility and the majority were living in the community with services paid by Medicaid or provided by informal supports (Table 33).

Table 33. Emergent cases – long term care services, FY 2008

	FY 2008	
	Number of Cases	% of Cases
Emergent cases with LOCDs		
Number determined LOC eligible	111	56.6%
Number determined not LOC eligible	3	1.5%
With LOCD but no information on LOC eligibility	6	3.1%
LTC program before contact with LTCC for PA 634 services		
Nursing facility	40	20.4%
HCBS	1	0.5%
Home Help	4	2.0%
LTC program after contact with LTCC for PA 634 services		
Nursing facility	35	17.9%
HCBS	5	2.6%
Home Help	6	3.1%
AFC/Home for the Aged	1	0.5%
PACE	1	0.5%
Other	2	1.0%
None/informal supports	72	36.7%
No information	74	37.8%
Emergent cases with option counseling services	163	83.2%

Even though there are relatively few urgent, emergent cases tracked in ServicePoint, there is a need to refine definitions and ensure that potential cases are not lost due to lack of identification. Over time the LTCC system has grappled with the definition of urgent and emergent that requires the assistance of an options counselor. It is clear that urgent and emergent can mean that a consumer needs assistance in accessing services due to a catastrophic situation such as the loss of care services versus a situation where caregiving burden has been building until a caregiver has given up and seeks nursing facility care for a loved one. Once consensus is reached about the parameters that define urgent or emergent situations, staff needs to be trained so that consumers are identified in the first call and referred rapidly to options counselors or specialists who have the knowledge and skills to ameliorate the situation.

Hospital Discharge

Consumers who will be discharged within 72 hours have an expedited timeline for LTCC services. Consumers or their proxies who make contact with the LTCC are contacted within 24 hours for an initial evaluation in order to have a completed preliminary support plan. Hospital referrals are happening very infrequently; 85% of hospital cases were associated with UPLTCC. Ninety-four percent were seen by an options counselor, evaluated and helped to formulate a plan for care within two to three days (Table 34).⁹

Table 34. Provision of services within prescribed time frames for hospital cases, FY 2008

	N of Cases	% of cases with signed support plan	Cumulative %
Total hospital referrals in FY 2008	109		
Hospital referrals with support plan	82		
Days from contact to support plan			
Same day	32	39.0%	39.0%
One day	30	36.6%	75.6%
2 – 3 days	15	18.3%	93.9%
4 – 10 days	5	6.1%	100.0%

Ninety-four percent of consumers coming out of the hospital were LOCD eligible (Table 35). Forty-five percent of those consumers were discharged to nursing facilities and 33% were discharged to the community with services paid by Medicaid or provided by informal supports. Data were not available for 22% of the consumers.

⁹PA 634 (4)(l) For a consumer who receives notice that within 72 hours he or she will be discharged from a hospital, within 24 hours after is made by the consumer, his or her guardian, his or her authorized representative, or the hospital discharge planner, perform an initial evaluation and develop a preliminary support long term care support plan.

Table 35. Hospital cases – long term care services, FY 2008

	FY 2008	
	Number of Cases	% of Cases
Hospital referrals with LOCDs		
Number determined LOC eligible	102	93.6%
Number determined not LOC eligible	1	0.9%
With LOCD but no information on LOC eligibility	1	0.9%
LTC program before hospitalization		
Nursing facility	14	12.8%
HCBS	2	1.8%
Home Help	1	0.9%
LTC program after hospitalization		
Nursing facility	49	45.0%
HCBS	2	1.8%
Home Help	1	0.9%
None/Informal supports	33	30.3%
No information	24	22.0%
Hospital cases with option counseling services	71	65.1%

Referrals from hospitals are almost non-existent in three out of the four LTCC sites because hospitals are referring directly to nursing facilities when participants need rehabilitation (through Medicare). Collaboration and strategic planning on how hospitals can benefit from LTCC assistance in hospital discharges and planning for long term care consumers will ultimately reduce hospital revisits and unnecessary placement to nursing facilities.

PA 634 Other Cases

All contacts for long term care services have a mandated timeline for completion of support plans. If the cases are not covered by hospital discharge or urgent or emergent needs, they are covered by the following provision: “...Consumers require an initial evaluation, preliminary and long term care support plan. An initial evaluation must ALWAYS be completed within 2 business days after contact by the consumer, his/her guardian or his/her authorized representative.”¹⁰

While the support plans for hospital and emergent cases need to be completed as quickly as possible to avoid unnecessary admission to a nursing facility, “PA 634 Other” cases can be developed in a longer time frame if it can be documented that the longer time frame is a better match for consumer needs. Initial evaluation still needs to occur within a two-day window.¹¹

¹⁰PA 634 (4)(j)(i) Perform an initial evaluation for long term care within 2 business days after contact by the consumer, his or her guardian, or his or her authorized representative.

¹¹PA 634 (4)(j)(ii) Develop a preliminary long term care support plan in partnership with the consumer, and if applicable, his or her guardian or representative with 2 days after the consumer is found to be eligible for services.

This category is for consumers who are interested in having an options counselor review resources and develop plans for the future. There are a large number of cases in this category that never come to completion with a support plan (Table 36).

About 62% of consumers have their initial evaluation within the two-day requirement and about half have their preliminary support plan within two days. About 78% have their completed evaluation and signed support plans within ten days, but some flexibility is allowed in timelines for non-emergent, non-hospital situations when a longer development period better meets the needs of the consumer.¹²

The “PA 634 Other” category has more flexibility in term of timelines and options counselors are routinely taking more time with consumers that fall into this category. It is noted that this does not seem to affect the responses from consumers to the satisfaction survey related to the timeliness of receiving information. (Table 42 indicates that 95% felt they received information in a reasonable amount of time.) It would be helpful to explore these timelines more closely with staff and consumers. Are the time delays related to the pressing concerns for other timelines or does the easing of time requirements improve the support plan outcome?

¹²PA 634 (4)(j)(iii) Complete a final evaluation and assessment within 10 business days from initial contact with the consumer, his or her guardian, or his or her authorized representative.

Table 36. PA 634 services information, FY 2008

	FY 2008		
	N of Cases	% of Cases	Cumulative %
Number of cases with w/date of contact for PA 634 services	14,803*		
Number of cases with evaluation date for PA 634 service request	9,393		
Number of business days from date of contact for PA634 services to initial evaluation **: Same day 1 day 2 days 3 - 5 days 6 - 10 days More than 10 days Cannot be determined	2,308 2,016 1,519 2,198 849 472 31	24.6% 21.5% 16.2% 23.4% 9.0% 5.0% 0.3%	24.6% 46.0% 62.2% 85.6% 94.6% 99.7% 100.0%
Number of cases with the date preliminary support plan was completed	5,520		
Number of business days from date of contact for PA 634 services to the date preliminary support plan was completed **: Same day 1 day 2 days 3 - 5 days 6 - 10 days More than 10 days Cannot be determined	1,226 930 713 1,403 575 657 16	22.2% 16.8% 12.9% 25.4% 10.4% 11.9% 0.3%	22.2% 39.1% 52.0% 77.4% 87.8% 99.7% 100.0%
Number of cases with the date LTC support plan was signed	3,980		
Number of business days from date of contact for PA 634 services to the date LTC support plan was signed **: Same day 1 day 2 days 3 - 5 days 6 - 10 days More than 10 days Cannot be determined	825 453 421 940 483 848 10	20.7% 11.4% 10.6% 23.6% 12.1% 21.3% 0.3%	20.7% 32.1% 42.7% 66.3% 78.4% 99.7% 100.0%

*A case is a one contact date for PA 634 services; a unique consumer may have more than one such contact within the fiscal year.

**The number of days between the required dates is based on the smaller of either the value that was entered into ServicePoint (e.g. # of business days from date of first contact) or the calculated difference between the dates.

Long term Care Program Referrals

PA 634 mandates that the LTCCs track the number of referrals by level of care setting. In FY 2008, 7,931 unique individuals stated their program preference at some point. Of those that preferred community based services, 18% were linked to their preference; 43% were not linked to their preference; 39% it was unknown as to if their preference met or not (Table 37). Depending on the community based program, 20% or less achieved their preference in the short-term. This contrasts with those seeking nursing facility placement, 93% had their preference met.

Table 37. LTC program preference, FY 2008

Preferred LTC Program	Number of Cases Expressing LTC Program Preference*	Preference Met		Preference Not Met		Unknown if Met or Not Met	
		Number of Cases	% of Cases (by LTC program)	Number of Cases	% of Cases (by LTC program)	Number of Cases	% of Cases (by LTC program)
Nursing Facility	3,593	3,353	93.3%	64	1.8%	176	4.9%
HCBS	4,236	829	19.6%	1,751	41.3%	1,656	39.1%
Home Help	1,425	191	13.4%	676	47.4%	558	39.2%
PACE	15	3	20.0%	6	40.0%	6	40.0%
Hospice	5	5	100.0%	0	0.0%	0	0.0%

*The categories are not mutually exclusive; an individual may have expressed preference for one type of program at one time point and a different one at a separate time point within the fiscal year; thus the sum of this column (9,274) is greater than the number of consumers with LTC program preferences (7,931).

The large number of consumers preferring nursing facilities reflects those who are already in nursing facilities who have a support plan developed as part of the process of conducting LOCDS. Their preference is to stay in their current setting.

Table 38 presents the reasons why consumers' long term care program preferences were not met. The primary reason for the inability to meet community based care preference relates to the scarcity of resources; more than three out of four people who could not have their preferred service must wait until openings are available in the Mi Choice Waiver (HCBS) or Home Help.¹³ Less than 7% of cases exist where consumers who wanted nursing facilities were denied. Most frequently the reasons for denial relate to functional eligibility. Lack of nursing home availability and waitlists only occurred ten times across the four sites.¹⁴

¹³PA 634 (4)(o)(xii) the number and types of referrals that were not able to be made and the reasons why the referrals were not completed, including, but not limited to, consumer choice, services not available, consumer functional or financial ineligibility, and financial prohibitions.

¹⁴PA 634 (4)(o)(iii) the number of cases in which admission to a long term care facility was denied and the reasons for denial.

Table 38. Reason LTC program preference was not met, FY 2008

Reason LTC Program Preference Was Not Met	Nursing Facility		HCBS		Home Help		PACE	
	N	% (out of 64)	N	% (out of 1,751)	N	% (out of 676)	N	% (out of 6)
Service has Waiting List	10	15.6%	1,352	77.2%	518	76.6%	1	16.7%
Service Inaccessible/Cost	2	3.1%	10	0.6%	20	3.0%	0	0.0%
Service Inaccessible/Disability	0	0.0%	2	0.1%	0	0.0%	0	0.0%
Service Inaccessible/Housing	0	0.0%	2	0.1%	1	0.1%	0	0.0%
Service Inaccessible/Other Reason	0	0.0%	5	0.3%	1	0.1%	0	0.0%
Client Ineligible/Assets	0	0.0%	9	0.5%	1	0.1%	0	0.0%
Client Ineligible/Income	0	0.0%	37	2.1%	16	2.4%	0	0.0%
Client Ineligible/Other Reason	19	29.7%	171	9.8%	45	6.7%	2	33.3%
Program Service Denied	0	0.0%	2	0.1%	0	0.0%	0	0.0%
Client Lives Outside Service Area	0	0.0%	0	0.0%	2	0.3%	0	0.0%
Service Quality Deficiency	0	0.0%	5	0.3%	1	0.1%	0	0.0%
Insufficient Documentation	0	0.0%	3	0.2%	0	0.0%	0	0.0%
Other	16	25.0%	133	7.6%	70	10.4%	3	50.0%
Unknown	17	26.6%	20	1.1%	1	0.1%	0	0.0%

Consumer Satisfaction Interviews for Consumers Assisted with Options Counseling

Consumer satisfaction interviews were conducted with consumers and proxies for consumers who were assisted with options counseling (Tables 39 to 42). Interview completion was difficult due to consumers or proxies being less available to participate in interviews, consumers in locations such as nursing facilities where phones might not be readily available, and proxies who were very busy in caregiving activities. Results reported here were from interviews conducted between March and September of 2008.

Table 39. OC interview results - Information characteristics (N=131)

Question	Percent Positive
I received the information I wanted.	92%
The information I received was accurate.	96%
The information I received gave me choices.	92%
The information I received respected my values.	98%
I understood the information I received.	98%
I used the information I received to make decisions.	94%

Ratings related to information were very positive with over 90% of people interviewed indicating agreement with statements. People were more likely to agree that they were given choices, but there were open-ended comments about the lack of resources available for some types of services.

Responses related to questions about the support plan were less positive (Table 40). Some consumers indicated confusion over the concept of a support plan. Consumers reported that they understood information about costs (Table 41), but slightly fewer people indicated they received the help to understand what they were eligible for by way of long term services.

Table 40. OC interview results - Support plan (N=131)

My Options Counselor helped me:	Percent Positive
Figure out what I want my life to be like.	85%
Understand my care options.	96%
Set my care goals.	87%
Develop a plan for my care.	91%
Take steps to carry out my plan.	85%
Become more involved in decisions that affect my life.	82%
Learn how to advocate for myself.	85%

Table 41. OC interview results - LTC costs (N=32)

Question	Percent Positive
My options counselor helps me understand how much long term care services would cost.	100%
Helps me review my insurance to see if it covers long term care services.	100%
Helps me learn how to find services I can pay for myself.	96%
Helps me learn how to work with family or volunteer assistance for my care needs.	94%
I received the help I needed to figure out what long term care services I am eligible for.	89%
I received the help I needed to apply for Medicaid.	89%
I received the help I needed to enroll in the Medicaid Mi Choice Waiver.	93%

Consumers and proxies rated options counselors very highly. Ratings were in the high ninety percentiles on many questions (Table 42). The item that had the lowest rating of 92% was related to having choices.

Table 42. OC interview results - OC characteristics (N=131)

Questions	Positive Percent
Treats me with respect.	99%
Listens carefully to what I want.	99%
Helps me in a reasonable amount of time.	95%
Does not rush me to make decisions.	97%
Presents me with a range of choices.	92%
Helps me think through my options.	93%
Supports my choices.	98%
I trust my options counselor.	99%
I am satisfied with the help I received from the Long Term Care Connections.	93%
I would recommend this service to someone else who needed it.	95%

Consumers were asked a series of four questions related to having their preferences met overall (Table 43). While almost everyone responded that they lived where they wanted to live, only three out of four people indicated they had as much control as they wanted over their services.

Table 43. OC interview results - Preferences (N=131)

Question	Percentage
I live where I want to live.	95%
My services meet my needs.	88%
The services I prefer are available to me.	85%
I have as much control over my services as I want.	75%

Dissatisfaction Discussion

Ratings were very high for the options counseling questions, but there were several consumers who were not satisfied at the time of the interviews. We were able to look at their answers in the context of other information and found that these people had very involved cases related to major life change. They mentioned that the information was overwhelming, and they desired more assistance in “making the decisions” about services. The OC interviews occurred relatively early in the process of working with consumers around their long term care plans. At the time of the interview people had a plan, but they were waiting for services to start. People who did not rate the information as being helpful, did continue to work with their options counselors for months after the interviews were completed.

Summary Discussion of Satisfaction Interviews

Results from the I&A and options counseling surveys indicate that consumers, proxies and professionals were very pleased with the information they receive, and with the skills and helpfulness of the specialists. The majority of the respondents used the information they received to make decisions.

Case Reviews

The evaluation team made the decision to review case notes and track information on those individuals who were randomly selected for the options counseling interviews. It was a natural

extension of the review that happens to identify the potential interviewees, the name of the options counselor and demographic information to complete the last page of the options counseling interview form. An SPSS database was constructed for the purpose of holding the ServicePoint information and the interview information. All consumers in the database were de-identified using a numeric ID and no personal information was stored in the database. For example, fields may identify that a consumer has a Medicaid ID number, but not contain the number itself.

Demographic characteristics vary from the options counseling demographics in terms of race; there are fewer African American represented in the interview sample versus the actual group of those in options counseling (Table 44). There are also fewer males in the interview sample than in the options counseling group.

There are indications that those in the OC interview sample have limited social support. When reviewing individual records, 70% of the sample had either no references to a family member or proxy participating in options counseling or only one contact person to assist with the process of finding care resources.

Table 44. Demographic characteristics and social support of case review sample (OC interview respondents)

Age (N=126)	
Under 60 (Range: 20-59 years)	15.2% (19)
60 or over (Range: 60-100 years)	84.8% (106)
Race (N=117)	
Native American	0.9% (1)
African American	35% (41)
White	62.4% (73)
Hispanic Ethnicity	1.7% (2)
Gender (N=122)	
Male	28.7% (35)
Female	71.3% (87)
Number of family and friends identified in contacts or case notes (N=126)	
0 Contacts	9.5% (12)
1 Contact	62% (78)
2 Contacts	20.6% (26)
3 Contacts	4.8% (6)
4 Contacts	.8% (1)
5 Contacts	2.4% (3)

Continuous Contact

The case reviews are helpful in understanding the process involved in assisting consumers along their journey into long term care. Case reviews reveal that while some consumers called once for assistance, a great many had repeated calls (Table 45).

Table 45. Calls to LTCC for consumers included in case review

Calls to LTCC for new needs (N=126) Once More than once (Range 1 call to 9 calls)	55% (69) 45% (57)
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A strong trend noted in the case review is that consumers develop an ongoing relationship with the LTCC. Almost half made repeat calls to I&A when new needs emerged. In addition, information in contact notes indicate that I&A and options counseling were not necessarily discreet events; sometimes consumer needs were met by an I&A specialist and sometimes by the options counselor assigned to the case. The role of the options counselor requires a certain degree of flexibility. At times options counseling may involve face-to-face information exchange that is similar to an I&A encounter. On the other hand, options counselors may briefly slip into the role of a case manager to get services in place more rapidly.

The evaluation team is in the process of studying the ongoing relationship of consumers with the LTCC system in order to understand how the system supports consumers in accessing needs, meeting preferences and planning for the future. There are numerous indicators of satisfaction with the LTCC system including repeat calls to the LTCC site, high satisfaction levels with LTCC services and continuous “open” case classification with ongoing contact. There are also indicators that the assistance of the LTCC helps prevent or delay change of residence to nursing facility settings. It appears that the process of discussing possibilities and exploring options has the effect of giving families and consumers an opportunity to reflect further on decisions and try other options.

Evidence of this need to discuss and reflect is demonstrated by data collected from “Urgent and Emergent” call types. Early in the process of defining “Urgent and Emergent”, sites interpreted any consumer- or proxy- defined “crisis” as an urgent and emergent case. Options counselors were immediately referred to the consumers and families, and families would have the opportunity to discuss their situation. Options counselors would report that these cases are not really “urgent and emergent”, but the process of talking to an options counselor often results in families maintaining the current situation of consumers residing in a community setting.

Case notes were reviewed in order to determine if change of residence to nursing facilities was discussed in the course of options counseling. Table 46 provides the results to this review. In the vast majority of cases, residential change involving a nursing facility was not discussed. In those cases where residential change to a nursing facility was one of the options, the provision of information or services delayed that decision in 20% (24) of cases (at the time of the review, November of 2008). About 16% (19) of the cases involved residents of nursing facilities who were working to transition out of nursing facilities back to the community.

Table 46. Impact of options counseling on decisions related to nursing facility residence of case review sample, N=116 (review date late November 2008)

	Detroit/ Wayne	SW	UP	West	Total
No discussion of NH placement	25	20	8	17	70
Assistance with NH placement	0	0	1	0	1
NH delay due to contact with OC and talking about service	1	1	2	1	5
NH delay due to ongoing services	4	2	8	5	19
NFTI or transition involvement	3	4	4	8	19
Hospice	0	1	0	0	1
Other/Lost contact	0	0	1	0	1
Totals	33	28	24	31	116

The LTCCs assist nursing facility residents who are not scheduled to leave the facility via the normal discharge process and have expressed a desire to relocate from the nursing facility through transition support interventions. Consumers who wish to transition are referred the Nursing Facility Transition Program, Center for Independent Living, or are assisted through the transition process by the LTCC. These cases usually involve a great deal of planning and service coordination before a consumer can be discharged into a community setting.

Summary and Recommendations

The Michigan Long Term Care Connections sites have each been successful in their mission to be the SPE/ADRCs within each of their regions even though they have used diverse implementation strategies. They have marketed their services and have attracted 31,712 contacts, serving 23,680 consumers in the last year. People are learning about the LTCC mainly through sources linked to word-of-mouth, contact with health and human service professionals and/or family and friends; 6.6% of callers have learned about the LTCC through the media. This indicates a need to review marketing strategies in order to reach people who may not be connected to social networks or the health community. They have built integrated systems which provide information, education, counseling, eligibility screening and assistance in accessing services for long term care consumers in their regions. Options counseling provides a unique service to support consumers and families in the decision-making process. The LTCC have been particularly successful at reaching low income Michigan residents who need long term care services, only 3.7% of option counseling consumers indicate an income higher than Medicaid eligibility. The future of long term care nationally indicates the need for the single point of entry concept.

Integrated Information System

An integrated information system was implemented across the LTCC sites allowing all data related to the consumer being collected in one place and shared among various specialists working with the consumer and family. Data was also available across the system which could be downloaded and analyzed. For the first time, information about what consumers perceived as their needs and preferences and how they accessed services as a result of their interaction with the LTCC could be linked. This meant that consumers could minimize the time spent in repeating the same information every time they accessed the LTCC. Patterns of interaction

recorded by ServicePoint indicate that half of consumers receiving assistance from the LTCC call back with new needs over time. **It is recommended that data tracking across I&A and OC systems continue in order to comprehensively track consumer needs and demonstrate service utilization from initial call to service implementation.**

It is further recommended that the Management Information System (MIS) infrastructure be continually reviewed and refined to allow for a more integrated and efficient system that enhances streamlined access to information and programs. This system improvement could provide information for continuous monitoring and improvement in program services and functions. An effective and efficient MIS application also requires an ongoing investment by the site in staff training on using the system appropriately. This would include a need to explore IT options that facilitate data sharing between partners at the local level.

Information and Assistance

The I&A system is the front door to the LTCC. The I&A specialists are instrumental in providing direct information or guiding people to the right place for additional help. In most areas, the I&A system was already established and the LTCCs contracted with those agencies. The use of the established I&A system meant that sites could focus on building capacity in the use of resource directories, quality standards and quality improvement.

The usefulness of the I&A system is demonstrated by a 31.3% incidence of repeat contacts to the LTCC. People built relationships with I&A specialists and OCs over time. The carry-over of information created a more seamless system for the consumer. Consumers indicate a high level of satisfaction with the assistance they receive through I&A specialists. **It is recommended that the I&A specialist be supported by the development of standards, ongoing training opportunities and quality monitoring to meet current and emerging roles in helping consumers access needed services.**

Options Counseling

Options counseling is a dynamic process that changes in relation to the needs of the consumer. Several activities are exclusively associated with options counseling such as the development of a support plan, the completion of Level of Care Determinations, and face-to-face long term care counseling. Options counseling activities often are time sensitive; support plans, evaluations and LOCDs must be completed within mandated timeframes. In addition, emergent needs are often associated with an increased need to directly help the consumer access services. Options counseling has emerged as a specialty that serves consumers who have a high level of need in a diversity of situations. In the current demonstration, options counseling has evolved to meet mandated deadlines for LOCD completion and support plan development over 90% of the time. This functionality is unique to the LTCC in serving Medicaid eligible populations in Michigan. Consumer surveys indicate a high level of satisfaction with options counseling. **The LTCCs have the unique opportunity and capacity to facilitate linkages at various points along the long term care continuum. It is recommended that options counseling be available for consumers who need assistance in planning and determining eligibility to access the long term care system.**

Unmet Needs

The vast majority of individuals who prefer to live in nursing facilities can access their preference with little difficulty anywhere in the LTCC regions. For those who reported a desire for the Mi Choice Waiver program, only 20% had their preference met. For those who preferred Home Help, only 13% were reported to have received their preference. Of those unable to meet their preference for the Waiver or Home Help, waiting list is the reason listed 77% of the time.

In order to meet consumer preferences, more resources must be devoted to Waiver, Home Help and other community based services.

Level of Care Determinations

The use of options counselors in LTCC regions to conduct Level of Care Determinations has brought about improvements in the system of determining functional eligibility in two ways. First, there is a sole, unbiased program performing all LOCDs, regardless of whether the consumer is receiving services in a community-based or an institutional setting. Second, there is one system to train and monitor options counselors who perform the LOCD, ensuring reliability across the long term care system. In the last year, the LTCC sites have initiated a quality process based on actual case studies to promote discussion and shared understanding of the assessment process. **It is recommended that the function of performing mandatory Level of Care Determinations remain with the LTCC.**

Collaboration and Partnerships

The collaboration between the AAAs, 211 Call Centers, and the LTCC sites has created I&A systems that are additive rather than duplicative. Evidence from the LOCD completion indicates that LTCCs and nursing facilities have a relationship that allows for the completion of functional eligibility determinations in a timely manner. Anecdotal evidence from site staff indicates that the assignment of options counselors to specific nursing facilities has increased communication between the LTCC and the nursing facilities. Unfortunately, collaboration between hospitals and the LTCC has not happened as planned. Given the large volume of calls/contacts and the number of consumers that the LTCC sites served, the number of emergent cases and hospital referrals constituted less than 2% of the consumers served. Very few referrals are made by hospital discharge planners to LTCC sites. **It is recommended that the LTCCs develop a plan to address the relationship between LTCCs and potential partners to facilitate more choices for consumers who are recovering from acute health events.**

Appendices

Appendix A
Number of Contacts and Consumers by Site

Total number of contacts and consumers by site, FY 2008

	Detroit	SW	UP	West	Total
Total number of calls/contacts made to LTCC	12,290	9,484	3,534	6,404	31,712
Total number of consumers (may have numerous contacts within the time period)	9,727	7,147	2,225	4,581	23,680
Total number of new clients added within the time period	9,072	6,787	2,215	4,519	22,593

Appendix B

Contact-Related Information by Site

Contact-related information by site, FY 2008

Contact-Related Information	Detroit		SW		UP		West		Total	
	N of contacts	% of contacts	N of contacts	% of contacts	N of contacts	% of contacts	N of contacts	% of contacts	N of contacts	% of contacts
Total number of contacts	12,290		9,484		3,534		6,404		31,712	
Contact by										
Consumer	4,121	33.5%	3,201	33.8%	566	16.0%	330	5.2%	8,218	25.9%
Spouse/relative/friend	3,451	28.1%	2,111	22.3%	629	17.8%	1,180	18.4%	7,371	23.2%
Professional	1,882	15.3%	1,628	17.2%	1,490	42.2%	374	5.8%	5,374	16.9%
Other	2,562	20.8%	2,149	22.7%	796	22.5%	4,415	68.9%	9,922	31.3%
No information	274	2.2%	395	4.2%	53	1.5%	105	1.6%	827	2.6%
Contact made by/for consumer										
60 or over	9,691	78.9%	6,454	68.1%	3,001	84.9%	4,547	71.0%	23,693	74.7%
Under 60 years old	2,291	18.6%	1,591	16.8%	468	13.2%	1,197	18.7%	5,547	17.5%
No information	308	2.5%	1,439	15.2%	65	1.8%	660	10.3%	2,472	7.8%
Contact made by/for consumer										
With disability	9,758	79.4%	5,903	62.2%	1,628	46.1%	4,266	66.6%	21,555	68.0%
No disability	696	5.7%	1,079	11.4%	355	10.0%	75	1.2%	2,205	7.0%
No information	1,836	14.9%	2,502	26.4%	1,551	43.9%	2,063	32.2%	7,952	25.0%
New/repeat contact										
New contact	7,182	58.4%	5,721	60.3%	2,707	76.6%	2,194	34.3%	17,804	56.1%
Repeat contact	3,144	25.6%	2,449	25.8%	741	21.0%	3,579	55.9%	9,913	31.3%
Unclear	1,964	16.0%	1,314	13.9%	86	2.4%	631	9.9%	3,995	12.6%
Method of contact										
Phone	8,756	71.2%	7,225	76.2%	3,151	89.2%	3,751	58.6%	22,883	72.2%
Written communication	2,676	21.8%	1,279	13.5%	19	0.5%	1,979	30.9%	5,953	18.8%
Field	162	1.3%	226	2.4%	296	8.4%	74	1.2%	758	2.4%
Walk-in	127	1.0%	480	5.1%	18	0.5%	13	0.2%	638	2.0%
No information	569	4.6%	274	2.9%	50	1.4%	587	9.2%	1,480	4.7%

Contact-related information by site, FY 2008

Contact-Related Information	Detroit		SW		UP		West		Total	
	N of contacts	% of contacts	N of contacts	% of contacts	N of contacts	% of contacts	N of contacts	% of contacts	N of contacts	% of contacts
Total number of contacts	12,290		9,484		3,534		6,404		31,712	
Sources of referral to LTCC										
Nursing/other LTC Facilities	2,715	22.1%	2,803	29.6%	457	12.9%	3,118	48.7%	9,093	28.7%
Agency referral	2,759	22.4%	2,034	21.4%	1,093	30.9%	1,560	24.4%	7,446	23.5%
Hospital/doctor/social worker	1,985	16.2%	635	6.7%	673	19.0%	390	6.1%	3,683	11.6%
Family/relative/friend	2,028	16.5%	901	9.5%	169	4.8%	142	2.2%	3,240	10.2%
Media (incl. LTCC staff presentations)	793	6.5%	304	3.2%	835	23.6%	148	2.3%	2,080	6.6%
Community orgns/resources	223	1.8%	62	0.7%	9	0.3%	40	0.6%	334	1.1%
Other	321	2.6%	305	3.2%	84	2.4%	189	3.0%	899	2.8%
No information	1,466	11.9%	2,440	25.7%	214	6.1%	817	12.8%	4,937	15.6%
Type of contact										
Information & Referral	8,886	72.3%	6,028	63.6%	2,080	58.9%	3,009	47.0%	20,003	63.1%
LOCD	2,974	24.2%	2,196	23.2%	1,390	39.3%	2,732	42.7%	9,292	29.3%
Business	18	0.1%	665	7.0%	2	0.1%	366	5.7%	1,051	3.3%
Other	138	1.1%	199	2.1%	9	0.3%	192	3.0%	538	1.7%
No information	274	2.2%	396	4.2%	53	1.5%	105	1.6%	828	2.6%
Address type when contact was made										
Residence	8,043	65.4%	3,832	40.4%	877	24.8%	2,345	36.6%	15,097	47.6%
Nursing facility	3,155	25.7%	2,223	23.4%	818	23.1%	1,597	24.9%	7,793	24.6%
Hospital	30	0.2%	117	1.2%	73	2.1%	37	0.6%	257	0.8%
AFC/Home-Aged	8	0.1%	23	0.2%	10	0.3%	24	0.4%	65	0.2%
Assisted living	17	0.1%	47	0.5%	9	0.3%	60	0.9%	133	0.4%
Rehab	11	0.1%	31	0.3%	1	0.0%	20	0.3%	63	0.2%
Other	71	0.6%	60	0.6%	8	0.2%	47	0.7%	186	0.6%
No information	955	7.8%	3,151	33.2%	1,738	49.2%	2,274	35.5%	8,118	25.6%

Appendix C Unique Consumer Demographic Information by Site

Unique consumer demographic information by site, FY 2008

Demographic Information	Detroit		SW		UP		West		Total	
	N of consumers	% of consumers	N of consumers	% of consumers	N of consumers	% of consumers	N of consumers	% of consumers	N of consumers	% of consumers
Total number of unique consumers ¹	9,727		7,147		2,225		4,581		23,680	
Sex										
Female	6,204	63.8%	3,927	54.9%	1,356	60.9%	2,916	63.7%	14,403	60.8%
Male	3,252	33.4%	1,863	26.1%	702	31.6%	1,578	34.4%	7,395	31.2%
No information	271	2.8%	1,357	19.0%	167	7.5%	87	1.9%	1,882	7.9%
Age										
60 or over	7,633	78.5%	4,783	66.9%	1,978	88.9%	3,623	79.1%	18,017	76.1%
Under 60 years old	1,861	19.1%	1,193	16.7%	244	11.0%	902	19.7%	4,200	17.7%
No information	233	2.4%	1,171	16.4%	3	0.1%	56	1.2%	1,463	6.2%
Poverty Level										
Below poverty level	3,315	34.1%	1,644	23.0%	501	22.5%	845	18.4%	6,305	26.6%
Above poverty level up to 300% of SSI	1,749	18.0%	1,218	17.0%	558	25.1%	1,239	27.0%	4,764	20.1%
Above 300% of SSI	166	1.7%	127	1.8%	73	3.3%	103	2.2%	469	2.0%
No information	4,497	46.2%	4,158	58.2%	1,093	49.1%	2,394	52.3%	12,142	51.3%
Type of insurance										
Medicaid	2,524	25.9%	2,302	32.2%	825	37.1%	2,371	51.8%	8,022	33.9%
Other insurance	2,497	25.7%	951	13.3%	755	33.9%	917	20.0%	5,120	21.6%
No information	4,706	48.4%	3,894	54.5%	645	29.0%	1,293	28.2%	10,538	44.5%
Race/ethnicity										
Black	7,272	74.8%	492	6.9%	6	0.3%	417	9.1%	8,187	34.6%
White	1,173	12.1%	2,389	33.4%	1,305	58.7%	3,000	65.5%	7,867	33.2%
Other	194	2.0%	43	0.6%	27	1.2%	124	2.7%	388	1.6%
No information	1,088	11.2%	4,223	59.1%	887	39.9%	1,040	22.7%	7,238	30.6%

¹Based only on legitimate active consumers excluding anonymous consumers.

Unique consumer disability type by site, FY 2008

Disability Type	Detroit		SW		UP		West		Total	
	N of consumers	% of consumers	N of consumers	% of consumers	N of consumers	% of consumers	N of consumers	% of consumers	N of consumers	% of consumers
Total number of unique consumers ¹	9,727		7,147		2,225		4,581		23,680	
Disability Type ²										
Dementia	1,536	15.8%	1,118	15.6%	443	19.9%	1,070	23.4%	4,167	17.6%
Mental illness	774	8.0%	526	7.4%	95	4.3%	492	10.7%	1,887	8.0%
MR/DD	42	0.4%	61	0.9%	22	1.0%	73	1.6%	198	0.8%
Physical	6,217	63.9%	3,135	43.9%	956	43.0%	2,619	57.2%	12,927	54.6%
Sensory	606	6.2%	314	4.4%	85	3.8%	270	5.9%	1,275	5.4%
Traumatic brain injury (TBI)	30	0.3%	61	0.9%	11	0.5%	55	1.2%	157	0.7%
Other disability	795	8.2%	892	12.5%	245	11.0%	132	2.9%	2,064	8.7%
>1 disabilities	2,103	21.6%	1,430	20.0%	335	15.1%	1,253	27.4%	5,121	21.6%
No disability	633	6.5%	935	13.1%	195	8.8%	68	1.5%	1,831	7.7%
No information	1,621	16.7%	2,020	28.3%	585	26.3%	1,304	28.5%	5,530	23.4%

¹Based only on legitimate active consumers excluding anonymous consumers.²These are not mutually exclusive; an individual may be captured in more than one category.

Appendix D Reported Needs by Site

Reported needs by site, FY 2008

Reported Need Category	Detroit		SW		UP		West		Total	
	N of consumers w/ reported need ¹	% of consumers w/ reported needs	N of consumers w/ reported need ¹	% of consumers w/ reported needs	N of consumers w/ reported need ¹	% of consumers w/ reported needs	N of consumers w/ reported need ¹	% of consumers w/ reported needs	N of consumers w/ reported need ¹	% of consumers w/ reported needs
Aging and Disability Resource Centers/ Options counseling	4,266	62.2%	776	12.5%	2,473	79.9%	1,315	66.4%	8,830	48.7%
State Medicaid Waiver Program	1,070	15.6%	1,080	17.4%	1	0.0%	545	27.5%	2,696	14.9%
Medicaid prior authorization	3	0.0%	1,924	31.1%	-	0.0%	10	0.5%	1,937	10.7%
Other Medicaid related needs	20	0.3%	96	1.5%	13	0.4%	24	1.2%	153	0.8%
Nursing Home Transition Financing Program	190	2.8%	14	0.2%	-	0.0%	3	0.2%	207	1.1%
Area Agencies on Aging	285	4.2%	832	13.4%	5	0.2%	59	3.0%	1,181	6.5%
LTC facilities/ program related	226	3.3%	403	6.5%	64	2.1%	204	10.3%	897	4.9%
LTC/health insurance/ Medicare related	201	2.9%	774	12.5%	123	4.0%	26	1.3%	1,124	6.2%
Public assistance/ benefits related	122	1.8%	235	3.8%	53	1.7%	47	2.4%	457	2.5%
Food/meals related	2,304	33.6%	351	5.7%	54	1.7%	72	3.6%	2,781	15.3%
Housing/shelter/ utilities/home maintenance related	1,407	20.5%	440	7.1%	134	4.3%	60	3.0%	2,041	11.3%
Transportation-related	315	4.6%	182	2.9%	38	1.2%	36	1.8%	568	3.1%
Care/case mgnt	62	0.9%	293	4.7%	14	0.5%	175	8.8%	544	3.0%
Personal care/home help/home health related	455	6.6%	924	14.9%	99	3.2%	201	10.2%	1,679	9.3%
Specialized & other information & referral	337	4.9%	654	10.6%	17	0.5%	14	0.7%	1,022	5.6%
Other/miscellaneous	577	8.4%	764	12.3%	215	6.9%	209	10.6%	1,770	9.8%
Total number of consumers with need information	6,858		6,194		3,096		1,980		18,128	

¹A consumer can have more than one reported need; thus the sum of this column is greater than the number of consumers with reported needs.

Appendix E Referrals Provided to Consumers by Site

Referrals provided to consumers by site, FY 2008

Referral Category	Detroit		SW		UP		West		Total	
	N of consumers w/ referral ¹	% of consumers w/ referrals	N of consumers w/ referral ¹	% of consumers w/ referrals	N of consumers w/ referral ¹	% of consumers w/ referrals	N of consumers w/ referral ¹	% of consumers w/ referrals	N of consumers w/ referral ¹	% of consumers w/ referrals
Aging and Disability Resource Centers/ Options Counseling	4,222	71.1%	730	12.6%	914	82.1%	1,149	64.6%	7,015	48.0%
State Medicaid Waiver Program	991	16.7%	1,016	17.5%	0	0.0%	516	29.0%	2,523	17.3%
Medicaid prior authorization	0	0.0%	1,754	30.3%	0	0.0%	0	0.0%	1,754	12.0%
Other Medicaid related services/ prog.	13	0.2%	85	1.5%	1	0.1%	22	1.2%	121	0.8%
Nursing Home Transition Financing Program	175	2.9%	8	0.1%	0	0.0%	0	0.0%	183	1.3%
Area Agencies on Aging	230	3.9%	812	14.0%	1	0.1%	44	2.5%	1,087	7.4%
LTC facilities/ program related	110	1.9%	364	6.3%	24	2.2%	92	5.2%	590	4.0%
LTC/health insurance/Medicare related	171	2.9%	743	12.8%	35	3.1%	22	1.2%	971	6.6%
Public assistance/ benefits related	65	1.1%	188	3.2%	7	0.6%	38	2.1%	298	2.0%
Food/meals related	2,095	35.3%	279	4.8%	22	2.0%	41	2.3%	2,437	16.7%
Housing/shelter/ utilities/home maintenance related	360	6.1%	299	5.2%	39	3.5%	25	1.4%	723	4.9%
Transportation-related	153	2.6%	139	2.4%	7	0.6%	16	0.9%	315	2.2%
Care/case mgnt	51	0.9%	246	4.2%	8	0.7%	167	9.4%	472	3.2%
Personal care/home help/home health related	215	3.6%	719	12.4%	60	5.4%	50	2.8%	1,044	7.1%
Specialized & other information & referral	256	4.3%	609	10.5%	0	0.0%	12	0.7%	877	6.0%
Other/miscellaneous	231	3.9%	497	8.6%	33	3.0%	101	5.7%	862	5.9%
Total number of consumers with referrals	5,942		5,790		1,113		1,778		14,623	

¹A consumer can have more than one referral; thus the sum of this column is greater than the number of consumers with referrals.

Appendix F

Option Counseling Cases by Site

Option counseling cases demographic information by site, FY 2008

Demographic Information	Detroit		SW		UP		West		Total	
	N of OC consumers	% of OC consumers	N of OC consumers	% of OC consumers	N of OC consumers	% of OC consumers	N of OC consumers	% of OC consumers	N of OC consumers	% of OC consumers
Total number of OC consumers ¹	3,932		1,249		1,231		1,609		8,021	
Sex										
Female	2,715	69.0%	827	66.2%	776	63.0%	1,038	64.5%	5,356	66.8%
Male	1,186	30.2%	398	31.9%	383	31.1%	560	34.8%	2,527	31.5%
No information	31	0.8%	24	1.9%	72	5.8%	11	0.7%	138	1.7%
Age										
60 or over	3,260	82.9%	994	79.6%	1,030	83.7%	1,200	74.6%	6,484	80.8%
Under 60 years old	646	16.4%	232	18.6%	156	12.7%	395	24.5%	1,429	17.8%
No information	26	0.7%	23	1.8%	45	3.7%	14	0.9%	108	1.3%
Poverty Level										
Below poverty level	1,924	48.9%	589	47.2%	385	31.3%	538	33.4%	3,436	42.8%
Above poverty level up to 300% of SSI	1,026	26.1%	393	31.5%	469	38.1%	730	45.4%	2,618	32.6%
Above 300% of SSI	88	2.2%	54	4.3%	63	5.1%	91	5.7%	296	3.7%
No information	894	22.7%	213	17.1%	314	25.5%	250	15.5%	1,671	20.8%
Type of insurance										
Medicaid	859	21.8%	877	70.2%	555	45.1%	724	45.0%	3,015	37.6%
Other insurance	1,406	35.8%	255	20.4%	495	40.2%	551	34.2%	2,707	33.7%
No information	1,667	42.4%	117	9.4%	181	14.7%	334	20.8%	2,299	28.7%
Race/ethnicity										
Black	3,404	86.6%	175	14.0%	4	0.3%	176	10.9%	3,759	46.9%
White	244	6.2%	950	76.1%	925	75.1%	1,173	72.9%	3,292	41.0%
Other	81	2.1%	19	1.5%	17	1.4%	44	2.7%	161	2.0%
No information	203	5.2%	105	8.4%	285	23.2%	216	13.4%	809	10.1%

¹Option Counseling consumers who were active at some point within FY 2008.

Option counseling cases disability type by site, FY 2008

Disability Type	Detroit		SW		UP		West		Total	
	N of OC consumers	% of OC consumers	N of OC consumers	% of OC consumers	N of OC consumers	% of OC consumers	N of OC consumers	% of OC consumers	N of OC consumers	% of OC consumers
Total number of OC consumers ¹	3,932		1,249		1,231		1,609		8,021	
Disability Type ²										
Dementia	532	13.5%	333	26.7%	223	18.1%	405	25.2%	1,493	18.6%
Mental illness	280	7.1%	209	16.7%	68	5.5%	206	12.8%	763	9.5%
MR/DD	10	0.3%	20	1.6%	13	1.1%	30	1.9%	73	0.9%
Physical	3,006	76.4%	1,002	80.2%	652	53.0%	1,238	76.9%	5,898	73.5%
Sensory	326	8.3%	152	12.2%	62	5.0%	133	8.3%	673	8.4%
Traumatic brain injury (TBI)	23	0.6%	12	1.0%	5	0.4%	28	1.7%	68	0.8%
Other disability	143	3.6%	285	22.8%	134	10.9%	95	5.9%	657	8.2%
>1 disabilities	802	20.4%	597	47.8%	204	16.6%	550	34.2%	2,153	26.8%
No disability	79	2.0%	23	1.8%	122	9.9%	19	1.2%	243	3.0%
No information	443	11.3%	65	5.2%	201	16.3%	101	6.3%	810	10.1%

¹Option Counseling consumers who were active at some point within FY 2008.²These are not mutually exclusive; an individual may be captured in more than one category.

Option counseling cases with preliminary and/or signed support plan by site, FY 2008

	Detroit	SW	UP	West	Total
Total number of OC consumers with initial evaluation for PA634 services	2,704	840	827	1,107	5,478
OC consumers with preliminary plan					
Number of OC consumers	1,271	645	503	762	3,181
% of OC consumers	47.0%	76.8%	60.8%	68.8%	58.1%
OC consumers with signed support plan					
Number of OC consumers	930	303	415	712	2,360
% of OC consumers	34.4%	36.1%	50.2%	64.3%	43.1%
OC consumers with preliminary plan and/or signed support plan					
Number of OC consumers	1,282	657	511	795	3,245
% of OC consumers	47.4%	78.2%	61.8%	71.8%	59.2%

Option counseling cases with preliminary and/or signed support plan per quarter by site, FY 2008

Site	FY 2008 Quarter	Number of Cases	With Preliminary Support Plan	With Signed Support Plan	W/ Preliminary and/or Signed Support Plan
Detroit	Active OC cases: Quarter 1 (Oct-Dec 2007)	799	474 (59.3% of 1 st quarter cases)	449 (56.2% of 1 st quarter cases)	475 (59.4% of 1 st quarter cases)
	OC cases opened: Quarter 2 (Jan-Mar 2008)	645	240 (37.2% of 2 nd quarter cases)	228 (35.3% of 2 nd quarter cases)	241 (37.4% of 2 nd quarter cases)
	OC cases opened: Quarter 3 (Apr-Jun 2008)	575	191 (33.2% of 3 rd quarter cases)	165 (28.7% of 3 rd quarter cases)	196 (34.1% of 3 rd quarter cases)
	OC cases opened: Quarter 4 (Jul-Sep 2008)	685	366 (53.4% of 4 th quarter cases)	88 (12.8% of 4 th quarter cases)	370 (54.0% of 4 th quarter cases)
	Total number of OC consumers with initial evaluation for PA634 services	2,704	1,271 (47.0%)	930 (34.4%)	1,282 (47.4%)
SW	Active OC cases: Quarter 1 (Oct-Dec 2007)	141	63 (44.7% of 1 st quarter cases)	32 (22.7% of 1 st quarter cases)	67 (47.5% of 1 st quarter cases)
	OC cases opened: Quarter 2 (Jan-Mar 2008)	158	86 (54.4% of 2 nd quarter cases)	37 (23.4% of 2 nd quarter cases)	92 (58.2% of 2 nd quarter cases)
	OC cases opened: Quarter 3 (Apr-Jun 2008)	224	192 (85.7% of 3 rd quarter cases)	84 (37.5% of 3 rd quarter cases)	194 (86.6% of 3 rd quarter cases)
	OC cases opened: Quarter 4 (Jul-Sep 2008)	317	304 (95.9% of 4 th quarter cases)	150 (47.3% of 4 th quarter cases)	304 (95.9% of 4 th quarter cases)
	Total number of OC consumers with initial evaluation for PA634 services	840	645 (76.8%)	303 (36.1%)	657 (78.2%)
UP	Active OC cases: Quarter 1 (Oct-Dec 2007)	301	156 (51.8% of 1 st quarter cases)	112 (37.2% of 1 st quarter cases)	159 (52.8% of 1 st quarter cases)
	OC cases opened: Quarter 2 (Jan-Mar 2008)	207	113 (54.6% of 2 nd quarter cases)	89 (43.0% of 2 nd quarter cases)	113 (54.6% of 2 nd quarter cases)
	OC cases opened: Quarter 3 (Apr-Jun 2008)	150	101 (67.3% of 3 rd quarter cases)	88 (58.7% of 3 rd quarter cases)	102 (68.0% of 3 rd quarter cases)
	OC cases opened: Quarter 4 (Jul-Sep 2008)	169	133 (78.7% of 4 th quarter cases)	126 (74.6% of 4 th quarter cases)	137 (81.1% of 4 th quarter cases)
	Total number of OC consumers with initial evaluation for PA634 services	827	503 (60.8%)	415 (50.2%)	511 (61.8%)

Option counseling cases with preliminary and/or signed support plan per quarter by site, FY 2008

Site	FY 2008 Quarter	Number of Cases	With Preliminary Support Plan	With Signed Support Plan	W/ Preliminary and/or Signed Support Plan
West	Active OC cases: Quarter 1 (Oct-Dec 2007)	241	108 (44.8% of 1 st quarter cases)	101 (41.9% of 1 st quarter cases)	118 (49.0% of 1 st quarter cases)
	OC cases opened: Quarter 2 (Jan-Mar 2008)	329	201 (61.1% of 2 nd quarter cases)	186 (56.5% of 2 nd quarter cases)	208 (63.2% of 2 nd quarter cases)
	OC cases opened: Quarter 3 (Apr-Jun 2008)	238	188 (79.0% of 3 rd quarter cases)	176 (73.9% of 3 rd quarter cases)	194 (81.5% of 3 rd quarter cases)
	OC cases opened: Quarter 4 (Jul-Sep 2008)	299	265 (88.6% of 4 th quarter cases)	249 (83.3% of 4 th quarter cases)	275 (92.0% of 4 th quarter cases)
	Total number of OC consumers with initial evaluation for PA634 services	1,107	762 (68.8%)	712 (64.3%)	795 (71.8%)
Total	Active OC cases: Quarter 1 (Oct-Dec 2007)	1,482	801 (54.0% of 1 st quarter cases)	694 (46.8% of 1 st quarter cases)	819 (55.3% of 1 st quarter cases)
	OC cases opened: Quarter 2 (Jan-Mar 2008)	1,339	640 (47.8% of 2 nd quarter cases)	540 (40.3% of 2 nd quarter cases)	654 (48.8% of 2 nd quarter cases)
	OC cases opened: Quarter 3 (Apr-Jun 2008)	1,187	672 (56.6% of 3 rd quarter cases)	513 (43.2% of 3 rd quarter cases)	686 (57.8% of 3 rd quarter cases)
	OC cases opened: Quarter 4 (Jul-Sep 2008)	1,470	1,068 (72.7% of 4 th quarter cases)	613 (41.7% of 4 th quarter cases)	1,086 (73.9% of 4 th quarter cases)
	Total number of OC consumers with initial evaluation for PA634 services	5,478	3,181 (58.1%)	2,360 (43.1%)	3,245 (59.2%)

Appendix G
Level of Care Determination (LOCDs) by Site

LOCDs conducted by site, FY 2008

LOCD-Related Information	Detroit		SW		UP		West		Total	
	N of LOCDs	% of LOCDs	N of LOCDs	% of LOCDs	N of LOCDs	% of LOCDs	N of LOCDs	% of LOCDs	N of LOCDs	% of LOCDs
Total number of LOCDs conducted ¹	3,575		2,591		1,528		3,598		11,292	
N of LOCDs where consumers were deemed eligible	3,456	96.7%	2,472	95.4%	1,407	92.1%	3,494	97.1%	10,829	95.9%
LOCD setting										
Nursing facility	2,544	71.2%	2,130	82.2%	1,050	68.7%	2,958	82.2%	8,682	76.9%
Home	975	27.3%	429	16.6%	334	21.9%	608	16.9%	2,346	20.8%
Hospital	9	0.3%	10	0.4%	120	7.9%	7	0.2%	146	1.3%
Other	8	0.2%	3	0.1%	15	1.0%	14	0.4%	40	0.4%
No information	39	1.1%	19	0.7%	9	0.6%	11	0.3%	78	0.7%
LOCD conducted per quarter										
Oct. to Dec. 2007	476	13.3%	455	17.6%	278	18.2%	535	14.9%	1,744	15.4%
Jan. to March 2008	886	24.8%	769	29.7%	444	29.1%	980	27.2%	3,079	27.3%
April to June 2008	1,165	32.6%	687	26.5%	400	26.2%	1,046	29.1%	3,298	29.2%
July to Sept. 2008	1,048	29.3%	680	26.2%	406	26.6%	1,037	28.8%	3,171	28.1%

¹Number of LOC determination conducted are all cases with LOC determination dates within FY 2008, excluding cases with "planning" as the reason for conducting LOC. A consumer may have more than one LOCD within the 12-month time period.

Number of consumers with LOCDs by site, FY 2008

LOCD-Related Information	Detroit		SW		UP		West		Total	
	N of consumers w/ LOCDs	% of consumers w/ LOCDs	N of consumers w/ LOCDs	% of consumers w/ LOCDs	N of consumers w/ LOCDs	% of consumers w/ LOCDs	N of consumers w/ LOCDs	% of consumers w/ LOCDs	N of consumers w/ LOCDs	% of consumers w/ LOCDs
Number of unique consumers w/ LOCDs	3,245		2,166		1,302		3,229		9,942	
Consumers with options counseling										
Strictly LOCD cases only, no OC	2,078	64.0%	1,286	59.4%	666	51.2%	2,519	78.0%	6,549	65.9%
Consumers with OC and LOCDs	1,167	36.0%	880	40.6%	636	48.8%	710	22.0%	3,393	34.1%

LOCD timelines between request and completion by site, FY 2008

Site	Days from LOC Request to Completion	N of LOCDs	% of LOCDs	Cumulative %
Detroit	Total number of LOCD conducted	3,575		
	Number of days from LOC request date to LOCD date ¹ :			
	Same day	1,172	32.8%	32.8%
	1 day	566	15.8%	48.6%
	2 days	408	11.4%	60.0%
	3 days	382	10.7%	70.7%
	4 days	305	8.5%	79.2%
	5 days	261	7.3%	86.5%
	6 days	184	5.1%	91.7%
	7 days	119	3.3%	95.0%
	8 days	43	1.2%	96.2%
	9 days	11	0.3%	96.5%
	10 days	9	0.3%	96.8%
	More than 10 days	84	2.3%	99.1%
	Cannot be determined	31	0.9%	100.0%

¹The number of days between LOC request date and LOC determination date is based first on the value that was entered into ServicePoint; if no number was entered, and then the number of days between LOC request and LOCD dates is the calculated difference between the two dates.

LOCD timelines between request and completion by site, FY 2008

Site	Days from LOC Request to Completion	N of LOCDs	% of LOCDs	Cumulative %
SW	Total number of LOCD conducted	2,591		
	Number of days from LOC request date to LOCD date ¹ :			
	Same day	620	23.9%	23.9%
	1 day	755	29.1%	53.1%
	2 days	383	14.8%	67.9%
	3 days	221	8.5%	76.4%
	4 days	174	6.7%	83.1%
	5 days	160	6.2%	89.3%
	6 days	97	3.7%	93.0%
	7 days	67	2.6%	95.6%
	8 days	24	0.9%	96.5%
	9 days	17	0.7%	97.2%
	10 days	13	0.5%	97.7%
	More than 10 days	37	1.4%	99.1%
	Cannot be determined	23	0.9%	100.0%
UP	Total number of LOCD conducted	1,528		
	Number of days from LOC request date to LOCD date:			
	Same day	329	21.5%	21.5%
	1 day	345	22.6%	44.1%
	2 days	242	15.8%	59.9%
	3 days	160	10.5%	70.4%
	4 days	126	8.2%	78.7%
	5 days	96	6.3%	84.9%
	6 days	66	4.3%	89.3%
	7 days	31	2.0%	91.3%
	8 days	26	1.7%	93.0%
	9 days	15	1.0%	94.0%
	10 days	9	0.6%	94.6%
	More than 10 days	50	3.3%	97.8%
	Cannot be determined	33	2.2%	100.0%

LOCD timelines between request and completion by site, FY 2008

Site	Days from LOC Request to Completion	N of LOCDs	% of LOCDs	Cumulative %
West	Total number of LOCD conducted	3,598		
	Number of days from LOC request date to LOCD date ¹ :			
	Same day	360	10.0%	10.0%
	1 day	674	18.7%	28.7%
	2 days	713	19.8%	48.6%
	3 days	679	18.9%	67.4%
	4 days	528	14.7%	82.1%
	5 days	393	10.9%	93.0%
	6 days	121	3.4%	96.4%
	7 days	75	2.1%	98.5%
	8 days	25	0.7%	99.2%
	9 days	11	0.3%	99.5%
	10 days	4	0.1%	99.6%
	More than 10 days	15	0.4%	100.0%
	Cannot be determined	-	0.0%	
Total	Total number of LOCD conducted	11,292		
	Number of days from LOC request date to LOCD date ¹ :			
	Same day	2,481	22.0%	22.0%
	1 day	2,340	20.7%	42.7%
	2 days	1,746	15.5%	58.2%
	3 days	1,442	12.8%	70.9%
	4 days	1,133	10.0%	81.0%
	5 days	910	8.1%	89.0%
	6 days	468	4.1%	93.2%
	7 days	292	2.6%	95.7%
	8 days	118	1.0%	96.8%
	9 days	54	0.5%	97.3%
	10 days	35	0.3%	97.6%
	More than 10 days	186	1.6%	99.2%
	Cannot be determined	87	0.8%	100%

Appendix H

Emergent Cases by Site

Emergent cases by site, FY 2008

	Detroit		SW		UP		West		Total	
	N of emergent cases	% of emergent cases	N of emergent cases	% of emergent cases	N of emergent cases	% of emergent cases	N of emergent cases	% of emergent cases	N of emergent cases	% of emergent cases
Number of emergent cases	84		56		22		34		196	
Emergent cases with LOCDs										
Number determined LOC eligible	34	40.5%	45	80.4%	21	95.5%	11	32.4%	111	56.6%
Number determined not LOC eligible	2	2.4%	1	1.8%	0	0.0%	0	0.0%	3	1.5%
With LOCD but no information on LOC eligibility	0	0.0%	6	10.7%	0	0.0%	0	0.0%	6	3.1%
LTC program before contact with LTCC for PA 634 services										
Nursing facility	5	6.0%	28	50.0%	4	18.2%	3	8.8%	40	20.4%
HCBS	0	0.0%	1	1.8%	0	0.0%	0	0.0%	1	0.5%
Home Help	2	2.4%	1	1.8%	0	0.0%	1	2.9%	4	2.0%
LTC program after contact with LTCC for PA 634 services										
Nursing facility	7	8.3%	15	26.8%	4	18.2%	9	26.5%	35	17.9%
HCBS	0	0.0%	3	5.4%	0	0.0%	2	5.9%	5	2.6%
Home Help	3	3.6%	1	1.8%	1	4.5%	1	2.9%	6	3.1%
AFC/Home for the Aged	0	0.0%	0	0.0%	0	0.0%	1	2.9%	1	0.5%
PACE	1	1.2%	0	0.0%	0	0.0%	0	0.0%	1	0.5%
Other	1	1.2%	0	0.0%	1	4.5%	0	0.0%	2	1.0%
None/Informal supports	45	53.6%	11	19.6%	6	27.3%	10	29.4%	72	36.7%
No information	27	32.1%	26	46.4%	10	45.5%	11	32.4%	74	37.8%
Emergent cases with option counseling	72	85.7%	49	87.5%	11	50.0%	31	91.2%	163	83.2%
Emergent cases with support plan	74	88.1%	49	87.5%	22	100.0%	32	94.1%	177	90.3%

Emergent cases with support plan by site, FY 2008

Site	Days from Contact to Support Plan	Cases	% of Cases With Support Plan	Cumulative %
Detroit	Emergent cases with support plan	74		
	Days from contact to support plan			
	Same day	10	13.5%	13.5%
	One day	27	36.5%	50.0%
	2 – 3 days	13	17.6%	67.6%
	4 – 10 days	15	20.3%	87.8%
	Over 10 days	9	12.2%	100.0%
SW	Emergent cases with support plan	49		
	Days from contact to support plan			
	Same day	29	59.2%	59.2%
	One day	13	26.5%	85.7%
	2 – 3 days	2	4.1%	89.8%
	4 – 10 days	3	6.1%	95.9%
	Over 10 days	2	4.1%	100.0%
UP	Emergent cases with support plan	22		
	Days from contact to support plan			
	Same day	10	45.5%	45.5%
	One day	7	31.8%	77.3%
	2 – 3 days	4	18.2%	95.5%
	4 – 10 days	1	4.5%	100.0%
	Over 10 days	0	0.0%	
West	Emergent cases with support plan	32		
	Days from contact to support plan			
	Same day	12	37.5%	37.5%
	One day	8	25.0%	62.5%
	2 – 3 days	7	21.9%	84.4%
	4 – 10 days	5	15.6%	100.0%
	Over 10 days	0	0.0%	
Total	Emergent cases with support plan	177		
	Days from contact to support plan			
	Same day	61	34.5%	34.5%
	One day	55	31.1%	65.5%
	2 – 3 days	26	14.7%	80.2%
	4 – 10 days	24	13.6%	93.8%
	Over 10 days	11	6.2%	100.0%

Appendix I Hospital Cases by Site

Hospital cases by site, FY 2008	Detroit		SW		UP		West		Total	
	N of hospital cases	% of hospital cases	N of hospital cases	% of hospital cases	N of hospital cases	% of hospital cases	N of hospital cases	% of hospital cases	N of hospital cases	% of hospital cases
Number of hospital referrals	0		12		93		4		109	
Hospital referrals with LOCs										
Number determined LOC eligible			10	83.3%	88	94.6%	4	100.0%	102	93.6%
Number determined not LOC eligible			0	0.0%	1	1.1%	0	0.0%	1	0.9%
With LOC but no information on LOC eligibility			1	8.3%	0	0.0%	0	0.0%	1	0.9%
LTC program before hospitalization										
Nursing facility			5	41.7%	9	9.7%	0	0.0%	14	12.8%
HCBS			1	8.3%	1	1.1%	0	0.0%	2	1.8%
Home Help			0	0.0%	1	1.1%	0	0.0%	1	0.9%
LTC program after hospitalization and contact with LTCC for PA 634 services										
Nursing facility			7	58.3%	40	43.0%	2	50.0%	49	45.0%
HCBS			1	8.3%	1	1.1%	0	0.0%	2	1.8%
Home Help			0	0.0%	1	1.1%	0	0.0%	1	0.9%
None/Informal Supports			3	25.0%	29	31.2%	1	25.0%	33	30.3%
No information			1	8.3%	22	23.7%	1	25.0%	24	22.0%
Hospital referrals with option counseling			10	83.3%	59	63.4%	2	50.0%	71	65.1%
Hospital referrals with support plan			9	75.0%	69	74.2%	4	100.0%	82	75.2%

Hospital cases with support plan by site, FY 2008

Site	Days from Contact to Support Plan	Cases	% of Cases with Support Plan	Cumulative %
Detroit	Hospital referrals cases with support plan	0		
	Days from contact to support plan			
	Same day			
	One day			
	2 – 3 days			
	4 – 10 days			
SW	Hospital referrals cases with support plan	9		
	Days from contact to support plan			
	Same day	2	22.2%	22.2%
	One day	5	55.6%	77.8%
	2 – 3 days	1	11.1%	88.9%
	4 – 10 days	1	11.1%	100.0%
UP	Hospital referrals cases with support plan	69		
	Days from contact to support plan			
	Same day	27	39.1%	39.1%
	One day	25	36.2%	75.4%
	2 – 3 days	13	18.8%	94.2%
	4 – 10 days	4	5.8%	100.0%
West	Hospital referrals cases with support plan	4		
	Days from contact to support plan			
	Same day	3	75.0%	75.0%
	One day	0	0.0%	75.0%
	2 – 3 days	1	25.0%	100.0%
	4 – 10 days	0	0.0%	
Total	Hospital referrals cases with support plan	82		
	Days from contact to support plan			
	Same day	32	39.0%	39.0%
	One day	30	36.6%	75.6%
	2 – 3 days	15	18.3%	93.9%
	4 – 10 days	5	6.1%	100.0%

Appendix J PA 634 Other Cases by Site

PA 634 other (non-hospital and non-emergent) cases by site, FY 2008

Site	Time Interval Description	N of Cases	% of Cases	Cumulative %
Detroit	Number of cases with w/date of contact for PA 634 services ¹	5,643 ²		
	Number of cases with evaluation date for PA 634 service request	3,348		
	Number of business days from date of contact for PA 634 services to initial evaluation ³ :			
	Same day	738	22.0%	22.0%
	1 day	704	21.0%	43.1%
	2 days	484	14.5%	57.5%
	3 - 5 days	721	21.5%	79.1%
	6 - 10 days	403	12.0%	91.1%
	More than 10 days	289	8.6%	99.7%
	Cannot be determined	9	0.3%	100.0%
	Number of cases with the date preliminary support plan was completed	1,148		
	Number of business days from date of contact for PA 634 services to the date preliminary support plan was completed ³ :			
	Same day	420	36.6%	36.6%
	1 day	214	18.6%	55.2%
	2 days	65	5.7%	60.9%
	3 - 5 days	85	7.4%	68.3%
	6 - 10 days	41	3.6%	71.9%
	More than 10 days	323	28.1%	100.0%
	Cannot be determined	0	0.0%	
	Number of cases with the date LTC support plan was signed	792		
	Number of business days from date of contact for PA 634 services to the date LTC support plan was signed ³ :			
	Same day	326	41.2%	41.2%
	1 day	50	6.3%	47.5%
	2 days	22	2.8%	50.3%
	3 - 5 days	49	6.2%	56.4%
	6 - 10 days	23	2.9%	59.3%
	More than 10 days	322	40.7%	100.0%
	Cannot be determined	0	0.0%	

PA 634 other (non-hospital and non-emergent) cases by site, FY 2008

Site	Time Interval Description	N of Cases	% of Cases	Cumulative %
SW	Number of cases with w/date of contact for PA 634 services ¹	3,541 ²		
	Number of cases with evaluation date for PA 634 service request	1,708		
	Number of business days from date of contact for PA 634 services to initial evaluation ³ :			
	Same day	522	30.6%	30.6%
	1 day	404	23.7%	54.2%
	2 days	235	13.8%	68.0%
	3 - 5 days	354	20.7%	88.7%
	6 - 10 days	130	7.6%	96.3%
	More than 10 days	57	3.3%	99.6%
	Cannot be determined	6	0.4%	100.0%
	Number of cases with the date preliminary support plan was completed	1,314		
	Number of business days from date of contact for PA 634 services to the date preliminary support plan was completed ³ :			
	Same day	353	26.9%	26.9%
	1 day	285	21.7%	48.6%
	2 days	178	13.5%	62.1%
	3 - 5 days	286	21.8%	83.9%
	6 - 10 days	142	10.8%	94.7%
	More than 10 days	64	4.9%	99.5%
	Cannot be determined	6	0.5%	100.0%
	Number of cases with the date LTC support plan was signed	513		
	Number of business days from date of contact for PA 634 services to the date LTC support plan was signed ³ :			
	Same day	165	32.2%	32.2%
	1 day	99	19.3%	51.5%
	2 days	64	12.5%	63.9%
	3 - 5 days	120	23.4%	87.3%
	6 - 10 days	45	8.8%	96.1%
	More than 10 days	19	3.7%	99.8%
	Cannot be determined	1	0.2%	100.0%

PA 634 other (non-hospital and non-emergent) cases by site, FY 2008

Site	Time Interval Description	N of Cases	% of Cases	Cumulative %
UP	Number of cases with w/ date of contact for PA 634 services ¹	1,802 ²		
	Number of cases with evaluation date for PA 634 service request	1,460		
	Number of business days from date of contact for PA 634 services to initial evaluation ³ :			
	Same day	584	40.0%	40.0%
	1 day	385	26.4%	66.4%
	2 days	274	18.8%	85.1%
	3 - 5 days	155	10.6%	95.8%
	6 - 10 days	38	2.6%	98.4%
	More than 10 days	19	1.3%	99.7%
	Cannot be determined	5	0.3%	100.0%
	Number of cases with the date preliminary support plan was completed	672		
	Number of business days from date of contact for PA 634 services to the date preliminary support plan was completed ³ :			
	Same day	185	27.5%	27.5%
	1 day	111	16.5%	44.0%
	2 days	93	13.8%	57.9%
	3 - 5 days	178	26.5%	84.4%
	6 - 10 days	68	10.1%	94.5%
	More than 10 days	37	5.5%	100.0%
	Cannot be determined	0	0.0%	
	Number of cases with the date LTC support plan was signed	545		
	Number of business days from date of contact for PA 634 services to the date LTC support plan was signed ³ :			
	Same day	138	25.3%	25.3%
	1 day	86	15.8%	41.1%
	2 days	68	12.5%	53.6%
	3 - 5 days	154	28.3%	81.8%
	6 - 10 days	64	11.7%	93.6%
	More than 10 days	35	6.4%	100.0%
	Cannot be determined	0	0.0%	

PA 634 other (non-hospital and non-emergent) cases by site, FY 2008

Site	Time Interval Description	N of Cases	% of Cases	Cumulative %
West	Number of cases with w/date of contact for PA 634 services ¹	3,817 ²		
	Number of cases with evaluation date for PA 634 service request	2,877		
	Number of business days from date of contact for PA 634 services to initial evaluation ³ :			
	Same day	464	16.1%	16.1%
	1 day	523	18.2%	34.3%
	2 days	526	18.3%	52.6%
	3 - 5 days	968	33.6%	86.2%
	6 - 10 days	278	9.7%	95.9%
	More than 10 days	107	3.7%	99.6%
	Cannot be determined	11	0.4%	100.0%
	Number of cases with the date preliminary support plan was completed	2,386		
	Number of business days from date of contact for PA 634 services to the date preliminary support plan was completed ³ :			
	Same day	268	11.2%	11.2%
	1 day	320	13.4%	24.6%
	2 days	377	15.8%	40.4%
	3 - 5 days	854	35.8%	76.2%
	6 - 10 days	324	13.6%	89.8%
	More than 10 days	233	9.8%	99.6%
	Cannot be determined	10	0.4%	100.0%
	Number of cases with the date LTC support plan was signed	2,130		
	Number of business days from date of contact for PA 634 services to the date LTC support plan was signed ³ :			
	Same day	196	9.2%	9.2%
	1 day	218	10.2%	19.4%
	2 days	267	12.5%	32.0%
	3 - 5 days	617	29.0%	60.9%
	6 - 10 days	351	16.5%	77.4%
	More than 10 days	472	22.2%	99.6%
	Cannot be determined	9	0.4%	100.0%

PA 634 other (non-hospital and non-emergent) cases by site, FY 2008

Site	Time Interval Description	N of Cases	% of Cases	Cumulative %
Total	Number of cases with w/date of contact for PA 634 services ¹	14,803 ²		
	Number of cases with evaluation date for PA 634 service request	9,393		
	Number of business days from date of contact for PA 634 services to initial evaluation ³ :			
	Same day	2,308	24.6%	24.6%
	1 day	2,016	21.5%	46.0%
	2 days	1,519	16.2%	62.2%
	3 - 5 days	2,198	23.4%	85.6%
	6 - 10 days	849	9.0%	94.6%
	More than 10 days	472	5.0%	99.7%
	Cannot be determined	31	0.3%	100.0%
	Number of cases with the date preliminary support plan was completed	5,520		
	Number of business days from date of contact for PA 634 services to the date preliminary support plan was completed ³ :			
	Same day	1,226	22.2%	22.2%
	1 day	930	16.8%	39.1%
	2 days	713	12.9%	52.0%
	3 - 5 days	1,403	25.4%	77.4%
	6 - 10 days	575	10.4%	87.8%
	More than 10 days	657	11.9%	99.7%
	Cannot be determined	16	0.3%	100.0%
	Number of cases with the date LTC support plan was signed	3,980		
	Number of business days from date of contact for PA634 services to the date LTC support plan was signed ³ :			
	Same day	825	20.7%	20.7%
	1 day	453	11.4%	32.1%
	2 days	421	10.6%	42.7%
	3 - 5 days	940	23.6%	66.3%
	6 - 10 days	483	12.1%	78.4%
	More than 10 days	848	21.3%	99.7%
	Cannot be determined	10	0.3%	100.0%

¹For cases without a date of contact for PA 634 services but with (1) LOC request date, and (2) a date for PA634 service request evaluation, completed preliminary support plan and/or signed LTC support plan, the LOC request date was used in lieu of the date of contact so that such record can be still included in the analysis.

²A case is a contact date for PA634services; a consumer may have more than one such contact within the fiscal year.

³The number of days between the required dates is based on the smaller of either the value that was entered into ServicePoint (e.g. # of business days from date of first contact) or the calculated difference between the dates.

Appendix K LTC Program Preference by Site

LTC program preference by site, FY 2008

Site	Preferred LTC Program	Number of Cases Expressing LTC Program Preference	Preference Met		Preference Not Met		Unknown if Met or Not Met	
			Number of Cases	% of Cases (by LTC program)	Number of Cases	% of Cases (by LTC program)	Number of Cases	% of Cases (by LTC program)
Detroit	Nursing Facility	1,715	1,622	94.6%	11	0.6%	82	4.8%
	HCBS	2,470	55	2.2%	1,328	53.8%	1,087	44.0%
	Home Help	1,140	93	8.2%	588	51.6%	459	40.3%
	PACE	3	0	0.0%	1	33.3%	2	66.7%
	Hospice	0	-	-	-	-	-	-
SW	Nursing Facility	1,132	1,065	94.1%	19	1.7%	48	4.2%
	HCBS	710	348	49.0%	142	20.0%	220	31.0%
	Home Help	121	35	28.9%	32	26.4%	54	44.6%
	PACE	0	-	-	-	-	-	-
	Hospice	0	-	-	-	-	-	-
UP	Nursing Facility	597	552	92.5%	22	3.7%	23	3.9%
	HCBS	408	168	41.2%	144	35.3%	96	23.5%
	Home Help	52	25	48.1%	9	17.3%	18	34.6%
	PACE	0	-	-	-	-	-	-
	Hospice	4	4	100.0%	0	0.0%	0	0.0%
West	Nursing Facility	149	114	76.5%	12	8.1%	23	15.4%
	HCBS	648	258	39.8%	137	21.1%	253	39.0%
	Home Help	112	38	33.9%	47	42.0%	27	24.1%
	PACE	12	3	25.0%	5	41.7%	4	33.3%
	Hospice	1	1	100.0%	0	0.0%	0	0.0%
Total	Nursing Facility	3,593	3,353	93.3%	64	1.8%	176	4.9%
	HCBS	4,236	829	19.6%	1,751	41.3%	1,656	39.1%
	Home Help	1,425	191	13.4%	676	47.4%	558	39.2%
	PACE	15	3	20.0%	6	40.0%	6	40.0%
	Hospice	5	5	100.0%	0	0.0%	0	0.0%

Appendix L Information and Assistance Interview Results by Site

Percentages of positive responses to questions on the I&A interview by site

I & A Interview Questions	Detroit (n=502)	SW (n=174)	UP (n=92)	West (n=179)	Total (n=947)
I received the information I wanted.	87.0%	84.2%	89.5%	95.5%	88.4%
The information I received was clear.	90.4%	85.9%	90.4%	94.9%	90.5%
The information I received was accurate.	89.5%	86.5%	89.7%	95.8%	90.2%
The information I received was helpful.	87.4%	83.6%	93.9%	95.4%	88.9%
The information I received gave me choices.	78.9%	80.2%	89.4%	88.9%	81.6%
The information I received respected my values.	92.0%	89.0%	93.6%	97.5%	92.7%
I understood the information I received.	94.0%	90.7%	95.1%	96.0%	93.9%
I used the information I received to make decisions.	84.1%	86.9%	88.6%	92.5%	86.5%
I received the help I needed to use the information.	83.9%	83.6%	78.7%	89.7%	84.1%
The person I spoke with was knowledgeable.	94.3%	92.9%	92.2%	97.2%	94.4%
The person I spoke with was friendly.	98.2%	96.2%	97.8%	100.0%	98.2%
The person I spoke with treated me with respect.	98.8%	96.1%	97.8%	100.0%	98.5%
The person I spoke with listened carefully to what I wanted.	96.8%	96.1%	97.8%	96.6%	96.7%
Someone helped me in a reasonable amount of time.	93.3%	86.9%	95.5%	98.3%	93.3%
I was satisfied with the assistance I received from the Long Term Care Connection.	89.8%	84.2%	89.7%	92.6%	89.3%
I would call the Long Term Care Connection again in the future, if I needed to.	94.1%	92.2%	95.6%	98.3%	94.7%
I would recommend this service to someone else who needed it.	92.9%	91.7%	93.3%	98.3%	93.8%

Appendix M Options Counseling Interview Results by Site

Percentages of positive responses to questions on the options counseling interview by site

Options Counseling Interview Questions	Detroit (n=36)	SW (n=32)	UP (n=34)	West (n=29)	Total (n=131)
I received the information I wanted.	91.4%	93.5%	90.6%	93.1%	92%
The information I received was accurate.	96.9%	90.3%	96.7%	100%	96%
The information I received gave me choices.	88.3%	87.1%	92.9%	100%	92%
The information I received respected my values.	96.8%	100%	96.3%	100%	98%
I understood the information I received.	96.9%	96.8%	96.7%	100%	98%
I used the information I received to make decisions.	96.9%	89.6%	96.2%	100%	94%
I received the support I needed to benefit from the information I received.	93.6%	93.6%	88.6%	92.4%	92%
The LTCC helped me figure out what I want my life to be like.	85.2%	88.6%	81.4%	95.2%	85%
The LTCC helped me understand my care options.	92.6%	93.1%	100%	100%	96%
The LTCC helped me set my care goals.	82.2%	94.2%	87.6%	90.6%	87%
The LTCC helped me develop a plan for my care.	89.3%	78.0%	92.0%	100%	91%
The LTCC helped me take steps to carry out my plan.	92.8%	82.8%	91.7%	100%	85%
The LTCC helped me become more involved in decisions that affect my life.	97.0%	88.9%	71.6%	88.9%	82%
The LTCC helped me learn how to advocate for myself.	89.3%	78.6%	70.3%	89.5%	85%
My options counselor helps me understand how much long- term care services would cost.*	9	4	5	8	26 (100%)
My options counselor helps me review my insurance to see if it covers long term care services.*	8	6	5	5	24 (100%)
My options counselor helps me learn how to find services I can pay for myself.*	9	7	6	4	26 (96%)
My options counselor helps me learn how to work with family or volunteer assistance for my care needs.*	8	8	7	5	28 (94%)
I received the help I needed to figure out what long term care services I am eligible for.	90.4%	85.4%	88.5%	94.1%	89%
I received the help I needed to apply for Medicaid.	91.6%	85%	100%	80.9%	89%
I received the help I needed to enroll in the Medicaid Mi Choice Waiver.*	10	8	5	7	30 (93%)

*Raw numbers due to low number of responses.

Percentages of positive responses to questions on the options counseling interview by site

Options Counseling Interview Questions	Detroit (n=36)	SW (n=32)	UP (n=34)	West (n=29)	Total (n=131)
My options counselor is knowledgeable.	97.0%	100%	100%	100%	99%
My options counselor treats me with respect.	97.1%	100%	100%	100%	99%
My options counselor listens carefully to what I want.	97.3%	100%	100%	100%	99%
My options counselor helps me in a reasonable amount of time.	97.3%	89.3%	92.9%	100%	95%
My options counselor does not rush me to make decisions.	97.3%	100%	94.1%	100%	97%
My options counselor presents me with a range of choices.	93.2%	82.1%	93.5%	96.2%	92%
My options counselor helps me think through my options.	88.6%	82.8%	100%	100%	93%
My options counselor supports my choices.	96.9%	96%	100%	100%	98%
I trust my options counselor.	97.1%	100%	100%	100%	99%
I am satisfied with the help I received from the Long Term Care Connection.	93.1%	96.9%	88.0%	92.0%	93%
I would recommend this service to someone else who needed it.	88.6%	96.8%	100%	93.9%	95%
I live where I want to live.	93.3%	93.4%	98.9%	96.6%	95%
My services meet my needs.	78.3%	92.0%	92.0%	94.0%	88%
The services I prefer are available to me.	87.0%	70.4%	96.0%	94.0%	85%
I have as much control over my services as I want.	95.8%	54.9%	77.0%	77.0%	75%

Appendix N
Michigan Long Term Care Connections
I&A Interview
Interview Cover Sheet

Caller Unique ID _____ Site _____
 (Track caller name and phone number on separate sheet)

Caller Type: ☐ Consumer
☐ Proxy
☐ Professional
☐ Not on behalf of a consumer ☐ On behalf of a consumer

	Date	Time	Code/Comments
Attempt 1	_____	_____	_____
Attempt 2	_____	_____	_____
Attempt 3	_____	_____	_____
Attempt 4	_____	_____	_____
Attempt 5	_____	_____	_____
Attempt 6	_____	_____	_____
Attempt 7	_____	_____	_____

Interview Completed:

Interviewer # _____ **Date** _____ **Time** _____

Comments _____

Codes-Use codes to indicate progress in reaching respondents when a call is made but the interview is not completed

NA-No Answer

AM-Answering Machine, Left Message

Busy-Busy Signal

SU-Interview Subject Unavailable, Call Back

NC-Number Changed, New Number Provided

Send Cover Sheet In or notify evaluator of non completion for the following reasons

NOS-Number Out of Service/Terminated

BN-Bad Number, Person Named Does Not Live There

UTC-Unable To Complete (Give reason in comments)

Information and Assistance Caller Interview

Before calling, fill in Caller ID and your site name in the top right corner of each page, as well as the demographic information on the last page. Be sure the information on the coversheet is complete.

Introductory Script:

Hello. I need to speak with (caller's name - *do not record on this page*).

Hello, (name). My name is (interviewer name).

I am calling today from (*site name*) to make sure we met your needs and that you were happy with our services. Feedback from people who use our services helps us find ways to improve.

You may have contacted us by phone through our call center or you may have dropped-in to get information about long term care. Do you remember speaking with someone from (*site name*)? (*Provide additional cues if the person does not remember contacting you.*)

If you decide to talk with me today, your comments will be completely confidential. We are very interested in your honest opinions. The questions I have will take about 10 minutes to answer. Are you willing to talk with me today, or would you prefer to schedule another time to talk?

(Check one)

- ☐ Will participate today
- ☐ Will participate on: _____ (date) at _____ (time)
- ☐ Declined to participate
- ☐ Does not recall contacting MILTCC

Interview

Thank you for agreeing to talk with me today. Let's begin with some questions about the information you received when you contacted (site name). I am going to read several statements. I'd like you to tell me whether you strongly disagree, disagree, agree, or strongly agree with each statement. Do you have any questions before we begin?

*(Read each statement and all four response options. Do not read "don't know" or "NA" but use as appropriate. Skip items that are preceded with a * if talking with a professional and circle "NA.")*

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	NA
1. I received the information I wanted.	1	2	3	4	98	99
2. The information I received was clear.	1	2	3	4	98	99
3. The information I received was accurate.	1	2	3	4	98	99
4. The information I received was helpful.	1	2	3	4	98	99
5. *The information I received gave me choices.	1	2	3	4	98	99
6. *The information I received respected my values.	1	2	3	4	98	99
7. I understood the information I received.	1	2	3	4	98	99
8. I used the information I received to make decisions.	1	2	3	4	98	99
9. I received the help I needed to use the information.	1	2	3	4	98	99

10. Do you have any comments about the information you received that you would like to share with me before we go to the next section?

Now I would like to talk with you about the quality of the services you received from (insert site name). Again, I am going to read several statements. I'd like you to tell me whether you strongly disagree, disagree, agree, or strongly agree with each statement.

(Read each statement and all four response options. Do not read "don't know" or "NA" but use as appropriate.)

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	NA
11. The person I spoke with was knowledgeable.	1	2	3	4	98	99
12. The person I spoke with was friendly.	1	2	3	4	98	99
13. The person I spoke with treated me with respect.	1	2	3	4	98	99
14. The person I spoke with listened carefully to what I wanted.	1	2	3	4	98	99
15. Someone helped me in a reasonable amount of time.	1	2	3	4	98	99
16. I was satisfied with the assistance I received from the (Long Term Care Connection ¹⁵).	1	2	3	4	98	99
17. I would call the (Long Term Care Connection) again in the future, if I needed to.	1	2	3	4	98	99
18. I would recommend this service to someone else who needed it.	1	2	3	4	98	99

19. Do you have any additional comments about the quality of the services you received from the (Long Term Care Connection)?

20. Is there anything I can help you with today, or do you have any other comments you'd like to share with me?

21. If we have additional questions, may we call you again in the future? (Please circle)

Yes

No

Interview Start Time_____

Interview End Time_____

¹⁵ You may substitute the publicly recognized name of your organization for 'Long Term Care Connection.'

Please fill in this section prior to completing the call based on the caller's Service Point record. If any fields are missing, please ask the consumer for the missing information at the end of the call. Only ask the caller for information that is missing.

Before we end today, I would like a little information about you. This information will tell us about the people we are reaching with our services. This information will be kept completely confidential. As with the rest of the survey, you do not have to answer any questions you'd prefer not to answer.

22. When you called or visited our office, for who were you seeking help?

☐ Self

(answer q. 23a-24a)

☐ Parent

☐ Child

☐ Other relative

☐ Friend

☐ Client

(answer q. 23b-24b)

☐ Professional

(not for a client -
end survey)

23a.*Are you 60 years of age or older?

☐ No ☐ Yes ☐ Don't know

23b.*Did you call for someone 60 years of age or older?

☐ No ☐ Yes ☐ Don't know

24a.*Do you have a disability?

☐ No ☐ Yes ☐ Don't know

24b.*Does the person you called for have a disability?

☐ No ☐ Yes ☐ Don't know

(If called for "self" or "parent, child, other relative, or friend," continue with q. 25)

25.*What is your race/ethnicity (please check all that apply)?

☐ American Indian or Alaska Native

☐ Native Hawaiian or Pacific Islander

☐ Asian

☐ Black or African American

☐ Hispanic/Latino

☐ White or Caucasian

☐ Other, please specify

26.*What is your gender?

☐ Male ☐ Female ☐ Don't know

27.*What is your family income? (*Use actual dollar amounts when asking the question*)

<input type="checkbox"/> \$0 to \$10,000	<input type="checkbox"/> \$40,001 to \$50,000
<input type="checkbox"/> \$10,001 to \$20,000	<input type="checkbox"/> \$50,001 and above
<input type="checkbox"/> \$20,001 to \$30,000	<input type="checkbox"/> Don't know
<input type="checkbox"/> \$30,001 to \$40,000	

28. *What county do you live in?

Thank you very much for talking with me today. If you have any questions about this interview, please contact Julia Heany at 517-324-7349 or Carol Barrett at 517-349-1448. If you have questions or need assistance with long term care, please contact (insert correct #).

Appendix O

Information and Assistance Caller Interview Protocol

This document describes procedures for completing I&A Caller Interviews. The purpose of this protocol is to ensure that interviews are conducted in the same way across and within LTCC sites. Please follow these procedures closely when conducting I&A Caller Interviews. Individuals responsible for carrying out these activities will receive training. If you have any questions or need clarification, please do not hesitate to contact Cheribeth Tan-Schriner at 517-324-7384 or ctanschr@mphi.org

Interview Purpose

The I&A Caller Interview is designed to measure the extent to which the LTCC sites have met the following objectives:

- Consumers, families, and providers receive clear, culturally competent, useful, timely, unbiased, and reliable information from MILTCC. (ADRC & STG) (Interview questions 1-7)
- Primary and secondary consumers used the information they received. (ADRC) (Interview question 8)
- Consumers feel they are served in a timely manner. (ADRC & PA 634) (Interview question 15)
- Consumers and providers felt they came to the right place for information and assistance/Consumer satisfaction with services provided (ADRC & PA 634) (Interview questions 16, 17, & 18)

In addition the interview will be used for quality management purposes. In particular, interview questions 11-14 will be used to assess service quality.

Participant Selection Procedures

The population from which participants will be selected includes all callers who¹⁶:

1. Left a phone number; and
2. Are not in options counseling.

10% of this population will be surveyed per year, and surveys will be conducted on a biweekly basis. The number of surveys each site will be required to complete each month will be calculated based on the number of callers that meet the above criteria who were served in the previous month. The number of surveys required per month will shift slightly from month to month to adjust to current call volume.

For example, if your site served 400 callers in June who left a phone number, gave permission to call them back, and are not in options counseling, than your site will be required to complete 40 surveys in July, or approximately 10 surveys per week.

¹⁶ The selection criteria will need to address the issue of repeat callers. The evaluation team will consider this issue further.

Survey participants will be selected at random on a biweekly basis. MPHl will generate a report for each site from Service Point of the callers that met the above criteria who were served during the previous two weeks. This list will sort callers by those who were calling for themselves, those who were calling for someone else, and those who were calling in a professional capacity. The number of individuals selected from each of these groups should reflect the proportion of calls that fell into these categories. This strategy will help us ensure that consumers are not under-represented in our sample.

For example, if you need to complete 10 surveys this week and 30% of your callers called for themselves, 40% called for someone else, and 30% were professionals, you would randomly select 3 people who called for themselves, 4 people who called for someone else, and 3 professionals.

Participants will be selected at random by MPHl using a table of random numbers. A list of all the callers who meet the above criteria will be generated, including each participant's Service Point assigned ID number. Beginning at a random spot on the table, each participant with an ID number that matches a number displayed on the table of random numbers will be chosen to participate in the study until the quota for each group (called for self, called for someone else, professional) is filled. If a participant chooses not to respond to the questionnaire, or can not be contacted, a replacement participant will be selected at random. Interviews must be completed with 10% of callers. In some cases, 10% of callers will be a number smaller than 5 and in these instances a total of 5 calls must be completed even if n=5 is greater than 10% of the sample. If there were 5 or less than 5 I&A calls received during that time period in a call category, then all callers must be interviewed.

For example, if total number of I &A calls by consumers is 3, then all 3 consumers must be interviewed.

A list of interview participants and alternates will be compiled by MPHl and emailed to the QA staff person at each site on a biweekly basis. The list will contain the participants' SP ID numbers only in order to protect their privacy.

Interview Procedures

Each site will identify an appropriate individual or individuals to conduct interviews. Interviewers may not conduct interviews with callers who they served. All interviewers must be trained by the evaluation team.

Interviews will be conducted on a biweekly basis with callers who were served by the LTCC during the previous two weeks. This will facilitate recall while allowing the caller time to receive and process any information they requested.

Interviewers will make a significant effort to contact each caller selected to participate in the interview. Interviewers will attempt to call each caller seven times, leaving messages each time, if possible. Interviewers will call at different times of day and use alternative numbers, if available. If a caller can not be reached within five days, an alternate caller will be contacted from the list of alternates provided by the evaluation team. Callers who are difficult to reach may be different in important ways from callers who are easy to reach.

Therefore it is critical that every attempt be made to contact each caller selected for the interview. Attempts to contact callers will be documented on the interview cover sheet, which will be given to the evaluation team for all completed and not completed interviews.

Before each call, the interviewer will write the caller's ID number and the LTCC site name on each page of the survey in the upper right-hand corner and fill out the demographic information on the last page of the survey using the caller's Service Point record. The interviewer will also review the caller's Service Point record in order to gather some background information regarding why the caller contacted the LTCC. This information may be helpful if the caller can not remember why they called or what services were provided.

After reaching the caller, the interviewer will follow the interview script. After introducing themselves and the interview, the interviewer will give the caller the opportunity to either complete the survey now, schedule a time to complete the survey later, or to decline to participate. If the caller does not remember contacting LTCC the interviewer will attempt to jog his or her memory based on information in the caller's Service Point record. However, if the caller can not remember calling, the interviewer will end the call and check the appropriate line on the first page of the interview protocol.

When the interview begins, the interviewer will follow the interview script. The interviewer will read instructions and each item slowly and clearly. The interviewer will answer any questions that arise and make note of any issues that may need to be discussed with the evaluation team. If the interviewer is unsure how to answer a caller's question about an item, the interviewer should say, "That is a good question. Please interpret the item in a way that makes sense to you." Any comments that the caller makes over the course of the interview should be written down, using the caller's language as much as possible. The interviewer should give the caller time to discuss any issues that arise and provide any LTC related I&A that the caller requests at the end of the interview. It is important to delay discussing additional questions or requests for service until the interview is completed. For example, the interviewer might say, "Your request is very important to me. After the interview is completed I can devote my whole attention to it."

The last page of the interview script includes information that may be in the caller's Service Point record. Any information the LTCC has already collected does not need to be verified during the interview. Any missing information should be collected at the end of the interview. The question about income is asked differently in Service Point, and therefore will need to be asked of every caller.

At the end of the interview, the interviewer should thank the caller for his or her time, provide the name and number of a member of the evaluation team, and provide the number of the LTCC. The interviewer should also ask whether there is anything else he or she can do to help the caller. If the caller has needs that the interviewer can not address, the interviewer should say, "May I give your name and number to someone here at (site name) who can help you further?" If the caller accepts this offer, the interviewer should provide the caller's name and number to an appropriate staff person. The interviewer **MAY NOT** divulge any of the information the caller shared with the interviewer during the interview, as this information is confidential.

After the interview, the interviewer should review the interview script, filling in or clarifying any comments and making sure all responses are clearly marked. The interviewer should also complete the cover page, and mark the start and end time of the interview.

Data Submission Procedures

Each site will mail copies of their interviews to Julia Heany at 2440 Woodlake Circle, Suite 100, Okemos, MI 48864. Interviews should be sent to Julia on a biweekly basis. MPHI will provide envelopes for this purpose. Any identifying information should be blacked out on the copy sent to the evaluator. The evaluation team will edit, enter, and analyze results for each site and for the state on a quarterly basis for the duration of the evaluation. Sites will be provided with raw data tables and they will keep original copies of the interviews for their records. The evaluator will provide each site with an Excel file and protocol for editing, entering, and analyzing its own data at the end of the evaluation period.

Appendix P

**Michigan Long Term Care Connections
Options Counseling Interview
Interview Cover Sheet**

Caller Unique ID _____ Site _____
(Track caller name and phone number on separate sheet)

Caller Type: ☐ Consumer
☐ Proxy (Family member or friend that assists or speaks for the consumer)

	Date	Time	Code/Comments
Attempt 1	_____	_____	_____
Attempt 2	_____	_____	_____
Attempt 3	_____	_____	_____
Attempt 4	_____	_____	_____
Attempt 5	_____	_____	_____
Attempt 6	_____	_____	_____
Attempt 7	_____	_____	_____

Interview Completed:

Interviewer # _____ **Date** _____ **Time** _____

Comments _____

Codes-Use codes to indicate progress in reaching respondents when a call is made but the interview is not completed

NA-No Answer
 AM-Answering Machine, Left Message
 Busy-Busy Signal
 SU-Interview Subject Unavailable, Call Back
 NC-Number Changed, New Number Provided

Send Cover Sheet In or notify evaluator of non completion for the following reasons

NOS-Number Out of Service/Terminated
 BN-Bad Number, Person Named Does Not Live There
 UTC-Unable To Complete (Give reason in comments)

Options Counseling Interview

Before calling, fill in Caller ID and your site name in the top right corner of each page, as well as the demographic information on the last page.

Introductory Script:

Hello. May I speak with (caller's name - *do not record on this page*).

Hello, (name). My name is (interviewer name).

I am calling today from (*site name*) to learn about how satisfied you've been with the services you've received from our organization. Your feedback will help us improve our services.

I believe you've been working with (*Options Counselor's Name*) to learn about your long-term care options and to plan for your long term care. Do you remember working with (*OC Name*)?

The questions I have will take about 10-15 minutes to answer. Are you willing to talk with me today, or would you prefer to schedule a time and date in the next couple of days to talk?

(Check one)

- ☐ *Will participate today*
- ☐ *Will participate on: _____ (date) at _____ (time)*
- ☐ *Declined to participate*
- ☐ *Does not recall contacting MILTCC*

Before you begin the interview:

Again, I am calling today to learn how satisfied you've been with the services you've received from (*site name*). Your opinions are very important because they will help us find ways to improve our services.

I will be asking you to respond to questions about the information you received from (*site name*) and about the options counseling you received from (*OC name*). Although you will not receive any direct benefit from participating today, your comments will be important in improving our services for other clients like you in the future.

Your participation in this interview is ***completely voluntary***. You don't have to participate if you don't want to, and you can refuse to answer any question you don't want to answer. You will continue to receive services, regardless of whether you decide to participate. Everything you tell me during this interview will be ***completely confidential***. I won't tell your Options Counselor or anyone else what you said. Your honest opinions are very important, and we will make sure that your answers can not be linked to you.

Do you have any questions or concerns before we begin?

Interview Start Time_____

Interview

Let's begin with some questions about the information you've received from (site name). I am going to read several statements. I'd like you to tell me whether you strongly disagree, disagree, agree, or strongly agree with each statement. Do you have any questions before we begin?

(Read each statement and all four response options. Do not read "don't know" or "NA" but use as appropriate.)

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	NA
1. I received the information I wanted.	1	2	3	4	98	99
2. The information I received was accurate.	1	2	3	4	98	99
3. The information I received gave me choices.	1	2	3	4	98	99
4. The information I received respected my values.	1	2	3	4	98	99
5. I understood the information I received.	1	2	3	4	98	99
6. I used the information I received to make decisions.	1	2	3	4	98	99
7. I received the support I needed to benefit from the information I received.	1	2	3	4	98	99

8. Do you have any comments about the information you received that you would like to share with me before we go to the next section?

Now I would like to talk with you about the Options Counseling you received. When I say 'Options Counseling' I mean the process of talking through your long term care needs with (OC name) from (insert site name) and coming up with a plan for your long term care. Do you have any questions about what I mean when I say 'Options Counseling'?

Again, I am going to read several statements. I'd like you to tell me whether you strongly disagree, disagree, agree, or strongly agree with each statement.

(Read each statement and all four response options. Do not read "don't know" or "NA" but use as appropriate.)

The Long Term Care Connection helped me...	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	NA
9. figure out what I want my life to be like.	1	2	3	4	98	99
10. understand my care options.	1	2	3	4	98	99
11. set my care goals.	1	2	3	4	98	99
12. develop a plan for my care.	1	2	3	4	98	99
13. take steps to carry out my plan.	1	2	3	4	98	99
14. become more involved in decisions that affect my life.	1	2	3	4	98	99
15. learn how to advocate for myself.	1	2	3	4	98	99

16. Do you have any additional comments you would like to share with me about options counseling or the process of developing a plan for your long term care?

Now I would like to talk with you about the quality of the services you received from (*insert site name*). Again, I am going to read several statements. I'd like you to tell me whether you strongly disagree, disagree, agree, or strongly agree with each statement. When I say 'options counselor,' I mean (*OC name*) - the person you worked with from (*site name*) to develop a plan for your long term care.

(Read each statement and all four response options. Do not read "don't know" or "NA" but use as appropriate.)

My options counselor:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	NA
17. is knowledgeable.	1	2	3	4	98	99
18. treats me with respect.	1	2	3	4	98	99
19. listens carefully to what I want.	1	2	3	4	98	99
20. helps me in a reasonable amount of time.	1	2	3	4	98	99
21. does not rush me to make decisions.	1	2	3	4	98	99
22. presents me with a range of choices.	1	2	3	4	98	99
23. helps me think through my options.	1	2	3	4	98	99
24. discusses ways to pay for services with me. (if "does not apply" then skip to question 29)	1	2	3	4	98	99
25. Helps me understand how much long term care services would cost	1	2	3	4	98	99
26. Helps me review my insurance to see if it covers long term care services	1	2	3	4	98	99
27. Helps me learn how to find services I can pay for myself.	1	2	3	4	98	99
28. Helps me learn how to work with family or volunteer assistance for my care needs	1	2	3	4	98	99
29. supports my choices.	1	2	3	4	98	99
30. I trust my options counselor.	1	2	3	4	98	99
31. I received the help I needed to figure out what long term care services I am eligible for.	1	2	3	4	98	99

32. I received the help I needed to apply for Medicaid.	1	2	3	4	98	99
33. I received the help I needed to enroll in the Medicaid michoice waiver.	1	2	3	4	98	99
34. I am satisfied with the help I receive from the Long Term Care Connection.	1	2	3	4	98	99
35. I would recommend this service to someone else who needed it.	1	2	3	4	98	99

36. Do you have any additional comments about your options counselor or the quality of the services you received?

Now I would like to talk with you about whether your long term care needs have been met since working with (insert site name). In this section, when I say ‘services’ I mean long term care services in general, like *(insert appropriate examples such as assisted living or personal care)*, not services from *(site name)*. Again, I am going to read several statements. I’d like you to tell me whether you strongly disagree, disagree, agree, or strongly agree with each statement.

(Read each statement and all four response options. Do not read “don’t know” or “NA” but use as appropriate.)

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don’t Know	NA
37. I live where I want to live.	1	2	3	4	98	99
38. My services meet my needs.	1	2	3	4	98	99
39. The services I prefer are available to me.	1	2	3	4	98	99
40. I have as much control over my services as I want.	1	2	3	4	98	99

41. Is there anything else you would like to tell me about your quality of life or your satisfaction with your long term care services?

42. Is there anything I can help you with today, or do you have any other comments you’d like to share with me?

43. If we have additional questions, may we call you again in the future? (Please circle)

Yes

No

Interview End Time_____

Please fill in this section prior to completing the call based on the caller's Service Point record. If any fields are missing, please ask the consumer for the missing information at the end of the call. Only ask the caller for information that is missing.

Before we end today, I would like a little information about you. This information will tell us about the people we are reaching with our services. This information will be kept completely confidential. As with the rest of the survey, you do not have to answer any questions you'd prefer not to answer.

22. When you called or visited our office, for who were you seeking help?

☐ Self

(answer q. 23a-24a)

☐ Parent

☐ Child

☐ Other relative

☐ Friend

☐ Client

(answer q. 23b-24b)

☐ Professional

(not for a client -
end survey)

23a.*Are you 60 years of age or older?

☐ No ☐ Yes ☐ Don't know

23b.*Did you call for someone 60 years of age or older?

☐ No ☐ Yes ☐ Don't know

24a.*Do you have a disability?

☐ No ☐ Yes ☐ Don't know

24b.*Does the person you called for have a disability?

☐ No ☐ Yes ☐ Don't know

(If called for "self" or "parent, child, other relative, or friend," continue with q. 25)

25.*What is your race/ethnicity (please check all that apply)?

☐ American Indian or Alaska Native

☐ Native Hawaiian or Pacific Islander

☐ Asian

☐ Black or African American

☐ Hispanic/Latino

☐ White or Caucasian

☐ Other, please specify _____

26.*What is your gender?

☐ Male ☐ Female ☐ Don't know

27.*What is your family income? (Use actual dollar amounts when asking the question)

☐ \$0 to \$10,000 ☐ \$40,001 to 50,0,000

☐ \$10,001 to \$20,000 ☐ \$50,001 and above

☐ \$20,001 to \$30,000 ☐ Don't know

☐ \$30,001 to \$40,000

28. What County to you live in? _____

Appendix Q

Options Counseling Interview Protocol July 30, 2008

This document describes procedures for completing Interviews with consumers in Options Counseling. The purpose of this protocol is to ensure that interviews are conducted in the same way across and within LTCC sites. Please follow these procedures closely when conducting OC Interviews. Individuals responsible for carrying out these activities will receive training. If you have any questions or need clarification, please do not hesitate to contact Carol Barrett at 517-349-1448 or cbarrett1@comcast.net.

Interview Purpose

The OC Interview is designed to measure the extent to which the LTCC sites have met the following objectives:

- Consumers received the information they needed.
- Consumer received the help they needed to identify their goals, needs, and preferences.
- Participants received the help they needed to develop and manage their plan to meet their goals.
- Consumers who wanted financial eligibility assessment received the assistance they needed to submit the paperwork accurately.
- Consumers are satisfied with their level of choice and control of services and support options.
- Consumers felt satisfied that their preferences were understood and supported by MILTCC staff.
- Consumers do not feel rushed to make decisions.
- Consumers developed a trusting relationship with the options counselor.
- Consumers felt that their goals for self-determination were understood and supported by MILTCC staff.

In addition the interview will be used for quality management purposes.

Participant Selection Procedures

The population from which participants will be selected includes all consumers who:

3. Are currently or have been in options counseling; and
4. Completed a long term care supports plan at least 4 weeks prior to the interview, but not more than 8 weeks prior to the interview.

At least 288 consumers will be interviewed per year. Interviews will be conducted on a monthly basis. Six interviews will be conducted for each LTCC site of consumers that meet the above criteria (some months may require more or less than six depending on site variation). A total of 72 interviews across sites should be completed each quarter.

A list of interview participants and alternates who meet the above criteria will be selected at random on a monthly basis by So What? Evaluation using Service Point data. A list of 18 names is selected for each site or all cases if there are less than 18 cases; six names are used

for the primary sample and twelve names are alternates. Case notes will be reviewed for each consumer to ascertain information related to current phone, residence, proxy status, Options counselor working with the consumer and information pertinent to the interview attempt such as hearing difficulty. Cover sheet information is generated for the trained interviewer to complete the interviews. Information includes the name and possible phone numbers for the consumer, the name and phone number for a proxy, if the proxy is involved in options counseling with the primary consumer. The cover sheets are kept in a locked box either at So What? Evaluation or at the Interviewer's location.

Interview Procedures

All interviewers must be trained by the evaluation team. The training consists of privacy procedures, interview technique, recording information and data submission procedures. Interviews will be conducted on a monthly basis with consumers who completed a long term care supports plan at least 4 weeks prior to the interview, but not more than 8 weeks prior to the interview. This will facilitate recall while allowing the consumer time to work with their OC and implement their supports plan.

Interviewers will make a significant effort to contact each consumer selected to participate in the interview. Interviewers will attempt to call each consumer seven times, leaving messages each time, if possible. The priority is to interview consumers but if consumers cannot be reached or are unable to respond on the phone, a proxy interview may be attempted. Interviewers will call at different times of day and use alternative numbers, if available. If a consumer can not be reached within two weeks, an alternate consumer will be contacted from the list of alternates provided by the evaluation team. Consumers who are difficult to reach may be different in important ways from consumers who are easy to reach. Therefore it is critical that every attempt be made to contact each consumer selected for the interview. Attempts to contact consumers will be documented on the interview cover sheet, which will be given to the evaluation team for all completed and not completed interviews.

Before each call, the interviewer will write the consumer's ID number and the name of the LTCC site that served the consumer on each page of the interview in the upper right-hand corner. The interviewer will make note of the consumer's options counselor. This may be helpful if the consumer is having difficulty understanding what service the interviewer is calling about.

After reaching the consumer, the interviewer will follow the interview script. After introducing him/herself and the interview, the interviewer will give the consumer the opportunity to either complete the interview, schedule a time to complete the interview later, or to decline to participate. If the consumer does not remember working with the LTCC the interviewer will attempt to jog his or her memory based on information in the consumer's Service Point record and the name of the consumer's options counselor. However, if the consumer can not remember going through options counseling, the interviewer will end the call and check the appropriate line on the first page of the interview protocol. If a participant chooses not to respond to the interview, or cannot be contacted, a replacement participant will be selected from the list of alternates.

When the interview begins, the interviewer will follow the interview script. The interviewer will read instructions and each item slowly and clearly. The interviewer will answer any questions that arise and make note of any issues that may need to be discussed with the evaluation

team. If the interviewer is unsure how to answer a consumer's question about an item, the interviewer should say, "That is a good question. Please interpret the item in a way that makes sense to you." Any comments that the consumer makes over the course of the interview should be written down, using the consumer's language as much as possible. The interviewer should give the consumer time to discuss any issues that arise. It is important to delay discussing additional questions or requests for service until the interview is completed. For example, the interviewer might say, "Your request is very important to me. After the interview is completed I can devote my whole attention to it."

The last page of the interview script includes information that may be in the consumer's Service Point record. Any information the LTCC has already collected does not need to be verified during the interview. Any missing information should be collected at the end of the interview. The question about income is asked differently in Service Point, and therefore will need to be asked of every consumer.

At the end of the interview, the interviewer should thank the consumer for his or her time, provide the name and number of a member of the evaluation team, and provide the number of the LTCC. The interviewer should also ask whether there is anything else he or she can do to help the consumer. If the consumer has needs that the interviewer can not address, the interviewer should say, "May I give your number to your options counselor or someone at (site name) who can help you further?" If the consumer accepts this offer, the interviewer should provide the client ID to the quality manager at the site that served the consumer and ask the QM to notify the options counselor that the consumer would like assistance. The interviewer **MAY NOT** divulge any of the information the consumer shared with the interviewer during the interview, as this information is confidential.

After the interview, the interviewer should review the interview script, filling in or clarifying any comments and making sure all responses are clearly marked. The interviewer should also complete the cover page, and mark the start and end time of the interview.

Data Transfer, Data Entry and Data Analysis Procedures

When interviews are completed they are handed off in person to a member of the evaluation team and transported in a locked box to So What? Evaluation for data entry. Once the interview has been entered into the database, the cover sheets are removed and locked in a separate location from the interviews. Cover sheets are destroyed by shredding after a year. The evaluation team will edit, enter, and analyze results for each site and for the state on a quarterly basis for the duration of the evaluation. Sites will be provided with tables of aggregate data for their own use.